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ABSTRACT

The second volume of the National Health Council (NHC) final project report for recruitment, counseling, and related activities in the health occupations consists of: three meeting agendas and information on the NHC Committee on Health Manpower; reports on two meetings of the Committee on Inventory for Health Occupations on the Secondary Level; reports and information on the Ad Hoc Committee on Minority Health Manpower Development; programs for a seminar and regional conference; copies of "Health Manpower Memos", "Operation MEDIHC" (Military Experience Directed Into Health Careers), and "NHC Bulletin to Members". (EA)

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NATIONAL HEALTH COUNCIL
FINAL PROJECT REPORT
"RECRUITMENT, COUNSELING AND RELATED ACTIVITIES
IN THE HEALTH OCCUPATIONS"
JUNE 28, 1968 - JUNE 30, 1975
CONTRACT # NO1-AH-04094(NIH-70-4094;PH.108-68-80)
LIST OF ATTACHMENTS FOR PERIOD
JANUARY 1, 1975 - JUNE 30, 1975
VOL.II

NATIONAL
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NATIONAL HEALTH COUNCIL

FINAL PROJECT REPORT
ON
"RECRUITMENT, COUNSELING AND RELATED ACTIVITIES IN THE HEALTH OCCUPATIONS"
JUNE 28, 1968 - JUNE 30, 1975

CONTRACT NUMBER NO1-AH-04094 (NIH-70-4094; PH.108-68-80)

LIST OF ATTACHMENTS FOR PERIOD
JANUARY 1, 1975 - JUNE 30,1975

1. NHC Committee on Health Manpower Agenda for First Meeting - September 18,1974.
2. Members of NHC Committee on Health Manpower - September, 1974.
3. NHC Committee on Health Manpower Agenda for Second Meeting - January 29, 1975.
4. NHC Committee on Health Manpower Agenda for Third Meeting - June 4, 1975.
5. Accumulative Summary of Actions of the NHC Committee on Health Manpower - September 4, 1974, January 29, 1975 and June 4, 1975.
6. Report on First Meeting of the Committee on Inventory for Health Occupations on the Secondary Level - February 4, 1975.
7. Report on Second Meeting of the Committee on Inventory for Health Occupations on the Secondary Level - May 20, 1975.
8. Letter of Invitation to Ad Hoc Committee on Minority Health Manpower Development - February 26, 1975.
9. Members of Ad Hoc Committee on Minority Health Manpower Development - March,1975.
10. Report on Meeting of Ad Hoc Committee on Minority Health Manpower Development - March 12, 1975.
11. Program on Seventh Annual Seminar for Health Manpower Executives - Oak Brook, Illinois - May 18-20, 1975.
12. Program on Western Regional Health Manpower Conference - Los Angeles, California - January 30-31, 1975.
13. Listing of State and Metropolitan Health Manpower Programs and Councils - January,1975.
14. Health Manpower Memo - March, 1975.
15. Health Manpower Memo - June, 1975.
16. Operation MEDIHC - May, 1975.
17. Operation MEDIHC - Summer Issue - 1975.
18. NHC Bulletin to Members - September, 1974.
19. NHC Bulletin to Members - February, 1975.

NATIONAL HEALTH COUNCIL, INC

COMMITTEE ON HEALTH MANPOWER
First Meeting
Wednesday, September 18, 1974 - 10:00 a.m.
American Lung Association
Conference Room (16th Floor)
1740 Broadway
New York, New York

..."Today's issues and social problems demand strategies national in scope and political in character; for their resolution involves the postures, policies, and decision-making processes of public and private agencies, corporate structures, regulatory bodies, local planning boards, and local, state, and federal governments."...

(Excerpt from an address by JAMES R. DUMPSON, Acting Administrator, Human Resources Administration, N.Y.C., Centennial Conference of New York State Communities Aid Association, New York 1972.)

A G E N D A

I. Greetings - Richard P. Penna, Pharm.D.

II. Introduction of Committee Members — Exhibit 1

III. Introduction of NHC Health Manpower Staff

IV. National Health Council - Table of Organization — Exhibit 2

V. Review of Council's Current Health Manpower Programs:

(a) Historical Overview: Manpower Contracts

Mr. Levitte Mendel

(b) Progress Report on DHEW Health Manpower Contracts: — Exhibit 3

- Manpower Recruitment and Development

Mrs. Kit Kolchin

- Manpower Distribution

Mrs. Anne Warner

(c) Status of Professional Continuing Education vis-a-vis The Committee on Health Manpower — Exhibit 4

VI. Discussion of Health Manpower Program Development:

- Review of Committee's Charge — Exhibit 5
- Development of Committee's Goals, Objectives, and Targeted Programs

VII. Tentative 1975 Committee Meetings Schedule:

January 1975
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September 1975

VIII. Issues of Vital Interest to the Committee:

a) *Allied Medical Education Fact Sheet* American Medical Association 8/74 — Exhibit 6

b) Policies for the Development of Credentialing Mechanisms for Health Personnel - A Progress Report - 1974--Robert M. Conant, Ph.D. and Thomas D. Hatch, L.H.D., *The American Journal of Occupational Therapy*, Volume 28, No. 5, May-June 1974 — Exhibit 7

c) *Health Manpower Memo* - National Health Council, August 1974 — Exhibit 8

d) "Examining Our Health Crisis" - Ruth B. Schwartz, *Wall Street Journal*, August 26, 1974 — Exhibit 9

e) Health Report/Mandatory Service Requirement Holds Key to Manpower Debate - John K. Iglehart, *National Journal Reports*, August 17, 1974 — Exhibit 10

NATIONAL HEALTH COUNCIL

COMMITTEE ON HEALTH MANPOWER

Richard P. Penna, Pharm.D. Chairman (202) 628- 410
Assistant Executive Director for
Professional Affairs
American Pharmaceutical Association
2215 Constitution Avenue, N.W.
Washington, D. C. 20037

Francis E. Burtnett, Director (202) 483-4633
National Career Information Center
American Personnel and Guidance Association
1607 New Hampshire Avenue, N.W.
Washington, D. C.

David Calkins (617) 628-2537
27 B Trowbridge Street
Cambridge, Mass. 02138
(Representing Student American Medical Association)

Herbert K. Gatzke, Director (312) 645-9451
Bureau of Manpower and Education
American Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

Thomas J. Ginley, Ph.D., Secretary (312) 944-6730
Council on Dental Education
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

Madelaine Gray, OTR, Assistant Director (301) 770-2200
Practice, Education, and Research
American Occupational Therapy Association
6000 Executive Boulevard
Rockville, Maryland 20852

Nicholas Griffin, Director (312) 751-6390
Department on Health Manpower
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Spencer Guimarin, Director (512) 453-7204
Texas Health Careers Program
Texas Hospital Association
P. O. Box 4553
Austin, Texas 78765

Kenneth Hager, Executive Director (405) 232-6239
Oklahoma Council for Health Careers
715 N.E. 14th Street
Oklahoma City, Oklahoma 73104

Claudia Jackson (617) 787-3290
5 Spofford Road - Apt. 11
Allston, Mass. 02134
(Student-at-large)

Judy Jaffe, Education Specialist (202) 245-2644
Manpower Development and Training
Office of Education
Department of Health, Education, and Welfare
Washington, D. C. 20202

Vernon E. Jordan, Jr., Executive Director (212) 751-0300
National Urban League
55 East 52 Street
New York, New York 10022

Joseph Kadish, Ed.D., Associate Director (301) 496-6607
Division of Associated Health Professions
Bureau of Health Resources Development
Federal Building
7550 Wisconsin Avenue
Bethesda, Maryland 20014

Leonard Levy, D.P.M., M.P.H., Dean (516) 444-2072
School of Podiatric Medicine
Health Sciences Center
State University of New York
Stony Brook, New York 11790
(Representing American Podiatry Association)

Dorothy McMullan Ed.D., Director (212) 582-1022 Ext. 750
Division of Nursing
National League for Nursing
10 Columbus Circle
New York, New York 10019

Charles L. Massey, Executive Vice President (914) 428-7100
National Foundation
1275 Mamaroneck Avenue
White Plains, New York 10605

Carol Mehlberg, Coordinator (608) 274-1820
Health Careers Program
Wisconsin Health Council, Inc.
P. O. Box 4387
Madison, Wisconsin 53719

Dorothy Nayer, Ed.D. (212) 260-2821
Former Senior Editor
AMERICAN JOURNAL OF NURSING
40 Fifth Avenue
New York, New York 10011
(Representing American Nurses' Association)

Henry B. Peters, O.D., Dean (205) 934-4488
School of Optometry
University of Alabama Medical Center
1919 Seventh Avenue, South
University Station
Birmingham, Alabama 35294

Dale F. Petersen
Associate Director
Program in Health Occupations Education
The University of Iowa
135 Melrose Avenue
Iowa City, Iowa 52240

Paul Q. Petersen, M.D., Dean (312) 337-9431
School of Public Health
University of Illinois at the Medical Center
P. O. Box 6998
Chicago, Illinois 60680

Fred Rutan, Director (904) 392-3041
School of Physical Therapy
J.H.M. Health Center
University of Florida
P. O. Box 209
Gainesville, Florida 32601

William M. Samuels, Executive Director (301) 496-1937
American Society of Allied Health Professions
One Dupont Circle, N.W.
Washington, D. C. 20036

Daniel R. Smith (301) 496-1937
National AHEC Coordinator
Special Programs Staff
Bureau of Health Resources Development
Department of Health, Education, and Welfare
9000 Rockville Pike
Bethesda, Maryland 20014

Fred Struve
1629 Fairorchard Avenue
San Jose, California 95125
(Representing American Society for Medical Technology)
(408) 264-0143 (Home)
(408) 288-9850 (Work)

Andrew L. Thomas, M.D., Project Director
Project 75
National Medical Association
1020 South Wabash Avenue - Suite 700
Chicago, Illinois 60605
(312) 427-5000

Miles/NHC
September 17, 1974

NATIONAL HEALTH COUNCIL, INC.

COMMITTEE ON HEALTH MANPOWER
Second Meeting
Wednesday, January 29, 1975, 10:00 a.m. to 3:00 p.m.
National League for Nursing
Conference Rooms B & C (24th floor)
10 Columbus Circle (59th St. off Broadway)
New York City
(AC 212/582-1022)

"...Parenthetically, there is a growing feeling among many in this country that because the public is underwriting the education of health professionals who can later command large incomes, that same public ought to have the right to commandeer, for a time, some of this professional expertise..."

(Excerpt from an address to Association of American Medical Colleges, by Merlin K. Duval, M.D., former Assistant Secretary of Health, Department of Health, Education and Welfare, November, 1972).

AGENDA

I. Introduction of Committee Meeting Participants - *Dr. Richard P. Penna, Chairman*

II. Minutes of Previous Committee Meeting, September 18, 1974 — Exhibit 1

III. Report on Recent National Health Council Activities - *Pauline Miles, Staff* — Exhibit 2

(a) New Table of Organization

(b) Annual Meeting and Health Forum 3/16-19/75

IV. Health Manpower Program - 1975 — Exhibit 3

(a) Review of Committee's Charge, Objectives, Program Proposals and Meetings

(b) On-going Programs

(1) Manpower Development Project

(2) Manpower Distribution Project

(c) New Programs and Possibilities — Exhibit 4

(1) Manpower Information
- Survey of NHC Member Agencies
- Survey of Health Planning Agencies - *Don C. Frey, Manpower Project Director, American Association for Comprehensive Health Planning*

(2) Manpower Policy Development

(3) Manpower Communications

(4) Health Utilization Bank - *Lloyd E. Young, Exec. Vice President, Systems Development Corporation* — Exhibit 5

(d) Report on Proposal to Develop an NHC Health-Related Job Information Service for the Clemency Program — Exhibit 6

V. Articles of Interest to the Committee

(a) "Licensure, Competence and Manpower Distribution - A Follow-up Study of Foreign Medical Graduates" - A. Goldblatt, M.A.,,L. W. Goodman, Ph.D., S. S. Meck,Ph.D., and R. Stevens, Ph.D.,*The New England Journal of Medicine*, 1/16/75 — Exhibit 7

(b) "Health Report/Kennedy Effort to Revise Health Manpower Carries Over to '75" - John K. Iglehart, *National Journal Reports*, December 28, 1974 — Exhibit 8

(c) "Partners or Protagonists - Congress and the Academic Centers", Remarks of Senator Edward M. Kennedy at The Yale University Center, December 2, 1974 — Exhibit 9

(d) "Improving Local Planning to Meet Health Manpower Needs", Background paper by Henry T. Clarke, Jr., M.D. at the Second National Congress on Health Manpower, American Medical Association, Chicago, October, 197 — Exhibit 10

VI. Schedule of Committee Meetings - 1975

April 16, 1975	Washington, D.C.	(American Pharmaceutical Association)
September 17, 1975	Chicago	(American Hospital Association)
November (?)	New York	(National Health Council)

NATIONAL HEALTH COUNCIL, INC.

COMMITTEE ON HEALTH MANPOWER
Third Meeting
Wednesday, June 4, 1975, 10:00 A.M. to 3:00 P.M.
American Pharmaceutical Association
Board Room
2215 Constitution Avenue, N. W.
Washington, D. C.
(AC 202/628-4410)

"The time has come to refine the Health Professions Educational Assistance Act such that it can create the conditions under which the problems of geographic and specialty maldistribution, heavy reliance upon foreign medical graduates, and the existence of inconsistent and inequitable state licensure laws can be effectively met."

(Excerpt from Chapter V, Report #93-1133 of the Senate Committee on Labor and Public Welfare to accompany S3585, 8/22/74)

AGENDA

I.	Greetings and Introduction of Committee Members	Exhibit 1
	- Letter of April 3, 1975 from David Calkins to Mr. Edward Van Ness, Executive Vice President, National Health Council	2
II.	Minutes of Committee Meeting on January 29, 1975	3
III.	Summary of Committee Actions on January 29, 1975	4
IV.	NHC Program Department A. NHC Table of Organization B. Committee on Health Manpower C. Health Manpower Program Objectives and Activities	5
V.	Health Manpower Information Survey - Draft Survey Form	
VI.	Health Manpower Policy Development - "Feasibility Study of a Voluntary National Certification System For Allied Health Personnel" A. Staff Summary/Analysis of "The Study" B. Article on "Proposed National System of Certification for Allied Health Personnel" by David A. Thomas, AAPA Newsletter - February 1975 C. Report on the Feasibility Study - by Thomas Hatch	6
VII.	Health Manpower Projects - Progress Reports A. Report of the Ad Hoc Committee on Minority Health Manpower Development B. Publication/Programs of the Manpower Projects C. Preview - 1975 NHC Ad Council Health Careers Campaign	7 8

VIII. Health Manpower Articles

- Medical Tribune Report on Mandatory Recertification - January 22, 1975 — Exhibit 9
- "No Vacancy" - Stephen Steiner, New York News Magazine - February 16, 1975
- Remarks of Senator Edward M. Kennedy at the Harvard School of Public Health - May 9, 1975

IX. Other Business

X. Schedule of Committee Meetings - 1975

September 10, 1975	Chicago
November 12 or 19, 1975	New York

NATIONAL HEALTH COUNCIL, INC.

ACCUMULATIVE SUMMARY
OF
HEALTH MANPOWER COMMITTEE ACTIONS

First Meeting - September 18, 1974

1. Exchanged introductions of new Committee members and NHC health manpower staff.

2. Received a historical overview of the Council's health manpower activities from Mr. Levitte Mendel.

3. Received a progress report on the Council's federally funded health manpower projects on development and distribution from Mrs. Kolchin and Mrs. Warner which included:

   - a description of the scope of work of each project;
   - a summary of the NHC/AD Council Health Careers Campaign featuring Molly Scott, the music therapist;
   - the plan to explore additional funding to expand the Development project's scope of work beyond June 1975;
   - a summary of the demonstration projects in rural Maine, Appalachian Kentucky and Inner City New Orleans;
   - the conduct of 6 regional student/faculty workshops; and
   - the nationwide directory of preceptorship programs for health science students being prepared for 1975 publication.

4. Discussed the problem of health manpower distribution in relation to factors influencing physician mobility after graduation, and considered the role of the Council in relation to the testimony on health manpower legislative issues or policy exploration and development.

5. Received clarification of the Council's limitations vis-a-vis the development of a unified position on controversial health issues currently before Congress.

6. Reviewed and discussed the usefulness of the NHC's new Washington-based office of Government Relations, and the opportunity to develop a close working relationship on legislative matters.

7. Received a report from Dr. Penna, the Chairman, regarding his recommendation to Dr. Robert Long, President, NHC Board of Directors, that the Committee on Continuing Education continue to be soley responsible for the Council's continuing education programs for the voluntary health agencies.

8. Discussed in detail, the Committee's responsibility for health manpower program development, and reviewed a matrix of health

manpower program elements, i.e., recruitment, preparation, retention, credentialing, unionization, utilization, distribution, placement and continuing competence and possible program/policy areas such as research and development, information, legislative review, coordination, technical assistance, evaluation, demonstration projects and selected advocacy.

9. Identified the following public issues relating to the mandatory vs. the voluntary approach to manpower distribution:

   - service commitments to shortage areas;
   - continuing competence;
   - regional distribution of physicians of specialty.

10. Agreed that the Committee's charge should incorporate 2 main areas of interest, namely, recommending programs and policy as they relate to public issues in the area of health manpower.

11. Expressed interest in the following program areas:

   - inventory of health manpower activities of the NHC member organizations and an identification of health manpower needs, issues and/or problems to be addressed;
   - development of a local health manpower data base to improve local community health manpower planning;
   - assessment of the status of interdisciplinary educational programs emphasizing the health care team approach to the provision of primary health care;
   - reorientation of health career recruitment to career motivation and education which seeks to encourage students to enter primary health care practice;
   - development of statewide job placement programs for health service practitioners;
   - a voluntary national certification system for allied health personnel.

12. Received and discussed a provocative program proposal by Mr. Sellers, government relations staff director, involving relating the new clemency program to a NHC health manpower information service.

13. Expressed a number of reservations re the proposal, including lack of job-readiness of potential returnees, the need to train returnees for the health field, the newness of the Clemency Program and the danger of the health field becoming the dumping ground for unskilled people.

14. Agreed that a mechanism existed through the NHC for a potentially useful service program for the dissemination of employment and training information to returnees, and that Mr. Sellers should convey the Committee's interest to Mr. John Barber, Manager, Reconciliation Service, Division of Selective Services.

15. Requested that a staff paper on the clemency proposal be prepared for the next Committee meeting.

16. Received and discussed distributed copies of the American Hospital Association's material on the IRS ruling cancelling portions of loans to students.

17. Agreed that NHC should share the information with the membership for individual agency follow-up.

18. Requested staff follow-up in two specific areas:

- secure copies of the "Feasibility Study of a Voluntary National Certification System for Allied Health Personnel" and mail a copy to each Committee member;
- prepare a report to be presented by Dr. Penna to the NHC Board of Directors at their meeting on October 2, 1974 which reflects the Committee's discussion and subsequent additions to their charge

19. Scheduled the following meetings as follows:

Wednesday, January 29, 1975	National League for Nursing
Wednesday, April 16, 1975	American Pharmaceutical Association
Wednesday, September 17, 1975	American Hospital Association

Second Meeting - January 29, 1975

20. Received introductions of invited guests, Mr. Don C. Frey and Mr. Lloyd E. Young.

21. Reviewed each item of the proposed 1975 health manpower program.

22. Discussed the Committee's charge and its relationship to the Council's health manpower projects.

23. Received a brief project staff report on the plans for the three 1975 regional workshops on health manpower distribution in Atlanta, Seattle and Minneapolis.

24. Expressed support for the Council's second year health career campaign focus on the nurse practitioner.

25. Reviewed and discussed the suggested program activities, i.e, conducting a manpower information survey, planning a regional health manpower information demonstration project, exploring and disseminating information on national health manpower regulation for possible policy development by the National Health Council.

26. Received a report on health manpower communications including survey reports, health career brochures, annotated bibliographies, newsletters which are prepared for publication and disseminated by the Council.

27. Agreed that the two major program activities should be the Health Manpower Information Survey and Health Manpower Policy Development, and that the information secured from the survey of the Council's membership would form the basis for future Committee program planning and development.

28. Received a report by Lloyd E. Young on a proposal offered by Health Utilization Bank (HUB), a computerized national information data bank to facilitate professional placement of allied health professionals.

29. Agreed that the possibility of NHC sponsorship of a HUB system should be cautiously explored by the Council's Board of Directors, as well as with the Federal government and the Council's professional association members.

30. Received a report by Don Frey on manpower implications of the new health planning legislation.

31. Scheduled the next meeting of the Committee on Wednesday, April 16,1975 in Washington, D.C., at the American Pharmaceutical Association.

32. Agreed to invite Mr. Tom Hatch, Director, Division of Associated Health Professions, Bureau of Health Resources, DHEW, to discuss the implications of the report on the "Feasibility Study of a Voluntary National Certification System for Allied Health Personnel".

Third Meeting - June 4, 1975

33. Received introductions of newly appointed and reappointed members of the Committee and the invited guest, Mr. Thomas Hatch, Director, Division of Allied Health Professions, Bureau of Health Manpower, Health Resources Administration, DHEW.

34. Reviewed the NHC's Table of Organization, the Committee roster and the organizational affiliations of the members.

35. Discussed the Health Manpower program objectives and two specific activities, i.e., the health manpower information survey and health manpower policy development.

36. Received a staff report on the rough draft of the survey form to be used for delineating the health manpower policies, goals, objectives and programs of the NHC member agencies, and for identifying the health manpower needs, issues and for problems which should be addressed by the Council.

37. Approved the appointment of the following three-person ad-hoc committee by Dr. Penna to assist staff in refining the survey form:

Dr. Dorothy McMullen	(NLN)
Mrs. Dorothy Nayer	(ANA)
Ms. Ethel Underwood	(UCPA)

38. Requested a report of the response to the survey form at the next Committee meeting.

39. Received a report by Thomas Hatch on "Feasibility Study of a Voluntary National Certification System for Allied Health Personnel". The concept of an umbrella system at the national (not federal) level providing coordination of and direction for certification practices for selected health occupations through voluntary participation is viewed as having major implications for the private sector of health in addressing the issues of health manpower regulation.

40. Discussed a number of areas of interest and concern including:

- the nine selected allied health fields whose existing practices were examined in the study;
- the study's conclusion that a national system of certification is feasible;
- the study's recommendation proposing alternative organizational arrangements to institute the national system;
- the questions and reservations expressed by the 26 leading allied health organizations and associations in a January 1975 conference regarding the concept of a "Council of certifying organizations".
- the consensus regarding the need for HEW to organize another conference in 1975 to explore the questions and consider next steps;
- HEW's hope that the private sector would provide leadership in convening a follow-up conference.

41. Approved the following motions:

> The Committee On Health Manpower endorses the concept of the cooperative organizational framework within which the various categorical groups can resolve their problems of mutual interest.
>
> The Committee encourages the Board of the National Health Council to initiate "appropriate action" to support the development of activities that might lead toward such a coordinated activity for the categorical professional groups.

42. Discussed the nature of the "appropriate action" of the Board which would stress the Council's role as an educator, convener and/or catalyst.

43. Approved the following recommendations:

- The National Health Council should declare its interest in the follow-up conference on the "Feasibility Study of a Voluntary National Certification System for Allied Health Personnel".

- The Council should inform its member agencies of the "Feasibility Study Report", its conclusions, general information as to the nature of the Council's involvement, the policy issues and the need to broaden the base of understanding regarding credentialing at the regional, state and local levels.

- The Council should develop an informational program on the major issues involved in credentialing for use at the regional level using the Council's regional forum or health manpower conference/ seminar format.

- The Council should consider developing a "package" program on credentialing, and make it available to our member agencies for use at their annual meetings or for use by their state or local affiliates.

44. Received progress reports from the health manpower project staff including:

    - a preview of the NHC/AD Council's health career campaign commercial on Ellen Peach, nurse practitioner;
    - the recommendations of the Ad Hoc Committee on Minority Health Manpower Development regarding minority health careers information.

45. Discussed the 5 problem areas identified by the Ad Hoc Committee and developed the following recommendations:

    - that the NHC Board of Directors authorize the exploration of audio-visual needs in the health careers field, and funding for development of audio-visuals which could be used to inform students, counselors and others of health manpower opportunities for minorities and the disadvantaged.

    - that the NHC's Office of Government Relations health legislative activities, which has implications for all NHC programs, has the capacity for addressing these (legislative) concerns.

    - that the recommendation on the establishment of a NHC scholarship fund required further exploration and should be tabled until the next meeting.

    - that the Committee support the two recommendations on encouraging funding to meet more effectively the health career education and training needs of minority students.

46. Approved the appointment of the following two subcommittees to explore both areas in greater depth:

Sub-Committee on Health Career Education and Training Needs of Minority Students

Francis Burtnett	(APGA)
Virginia Davis	(NSMA)
Therman Evans, M.D.	(HMDC)
Judy Jaffe	(U.S. Office of Educ.)
Dale Petersen	(Univ. of Iowa)

Sub-Committee on Audio Visual Needs for Health Careers

Marjorie Bear Don't Walk	(Univ. of Montana)
Francis Burtnett	(same as above)
Judy Jaffe	(same as above)

47. Agreed that the sub-committees should meet during the summer and report to the full Committee at its next meeting.

48. Scheduled the following meetings of the Committee:

September 10, 1975	American Hospital Association-Chicago
November 12, 1975	NYC - place to be determined

NATIONAL HEALTH COUNCIL, INC.
1740 Broadway
New York, New York 10019

MINUTES
Meeting of Committee on Inventory for Health Occupations
on the Secondary Level
Tuesday, February 4, 1975

A meeting of the Committee on Inventory for Health Occupations on the Secondary Level was convened on Tuesday, February 4, 1975, at the National Health Council, 1740 Broadway, New York City.

Members Attending

Dale F. Petersen (Chairman)
Barbara I. Bloom
Fred Crawford
Jack Hatfield
Joseph Kadish, Ed.D.
Ruth Ellen Ostler, Ph.D.
Judy Jaffe
Caroline Rosdahl
Dr. Marie Vittetoe
John F. Turck
Muriel Shay Tapman

Staff Attending

Pauline Miles
Kit Kolchin
Daniel P. Navarro

The meeting opened with the introduction of Dale Petersen, chairman of the committee, and the committee members.

Pauline Miles, NHC Vice President for Program and Planning, gave a brief background of the National Health Council and explained the Health Manpower Development Project funded by the Bureau of Health Resources Development.

NHC project staff explained that the Council planned to prepare a report on health occupations on the secondary level, depicting the variety of health occupation courses by states.

In preparation for this report, an inquiry form was sent to health occupations education consultants in each state department of education. This list was obtained from the U.S. Office of Education.

Questions and discussions ensued around the process of classification development and what it meant. Many of the committee members felt that because responses to the inquiry form had been made only at the state level, the data probably did not completely reflect what was going on at the local level since state offices in some states would not be aware of many activities at the local school level.

Because of budget and time restraints, the chairperson asked the committee to consider what was available from the information compiled, its limitations, and how it can best be used. With these guidelines Mr. Petersen called for recommendations, with the understanding that this was an initial undertaking that could wind up becoming a stepping stone to a larger effort in this area.

The committee recommendations and cautions included the following:

1. Caution should be used in interpreting the statistics used in the survey.

2. Limitations imposed by the absence of a common standardization of terms from each state prevent placing too much weight on the types of programs. etc. shown.

3. Since no data of this kind is available, the NHC survey is a good starting point. The profiles accumulated are a good reflection of the thinking of state health occupation offices. The study would be useful in giving a run-down of states with some type of secondary health occupations programs and materials available from such programs.

4. Category ranges should be used rather than specific numbers within categories to give a general overview of health occupations.

5. A separate section for a bibliography which would include curricula available from the various states.

6. Problems identified in the survey should be addressed separately and include solutions used by various programs to offset the problems.

Major Problems in Health Occupations

Prior to the meeting, NHC staff had compiled an analysis of problems identified from the survey. These fell into three major categories:

1. Teacher Preparation
2. Credentialing
3. Clinical Facilities

Three committee members were asked to report on work they had done in this area.

Teacher Preparation: Marie Vittetoe, Chairman and Assistant Professor, Health Occupations Teacher Education, University of Illinois, Urbana-Champaign.

Dr. Vittetoe explained that a common problem in teacher preparation is that most universities do not have the funds to start teacher preparation programs. The program at the University of Illinois was a "start-up" program, funded in 1971, now in its fourth year. The course covers the whole gamut of health careers, i.e. med techs, lab techs, nurses, dental hygienists, assistants.

The program is unique in bringing all these professionals together with the realization that they have the same kind of problems and can learn from each other. They are certified under the College of Education at the university, and take regular courses that are offered in teacher certificate programs. Programs are available at the master, baccalaureate, and certificate levels. Programs may raise more questions than they answer, Dr. Vittetoe said, but the courses do gear the professional students to deal with issues, trends, problems, and with how to have youngsters come to decisions about their careers. Other areas covered are developing curriculum, proper evaluation tools, and how to deal with cooperative education programs.

Dr. Vittetoe suggested that the problem may be that programs in secondary schools were mandated so that in order to get funding, schools scrambled to put in programs that no one was prepared to teach. Another problem is that of economics, whereby a nurse without a teaching degree can be hired for less than a graduate with a teaching degree.

Credentialing: Ruth-Ellen Ostler, Ph.D., Chief, Bureau of Health Occupations Education, New York State Education Department.

Dr Ostler spoke on the accreditation of programs. She explained that she was qualified to speak only on the basis of her experience with the American Dental Association Feasibility Study, and some experience with the NLN-AMA accreditation efforts. On the secondary level, at this time, no national bodies accredit secondary level programs.

Another problem identified by Dr. Ostler was that many local programs were started without concern for the student, i.e., whether clinical facilities and jobs are available. Several committee members said that the emphasis on secondary programs must be changed from quantity to quality if we are to avoid having a surplus of health workers.

Based on requests from a number of states, ADA in 1973 began a study to assess the feasibility of accrediting secondary level programs. The study was done in two parts: In the first, four states were picked and arrangements for site visits made. New York State was one of the four states visited. The others were California, Pennsylvania and Ohio. In the second part, a mail survey of all dental assistant programs throughout the United States was made.

A team was sent to two different sites in each state. Each six-person team consisted of a representative of the Council of Dental Education, a representative of the Dental Auxiliary Education, a consultant in dental assisting, a representative from the ADA Council, a representative from the State Commission staff, and a representative from the state Dental Society.

In New York State, two different programs were visited: one, a two-year program and one a one-year program. These represented different types of programs, the first utilizing a great deal of clinical experience, the other using some 35 to 40 dentists in the laboratory but with less clinical experience. One had a certified dental assistant on the teaching staff along with dental hygienist, the other had only dental hygienists as teachers. (All had state teacher certification).

In addition to the site visits,each state had to fill out forms indicating curriculum, etc. The team also met with the Advisory Committees for Programs and potential employers of graduates.

Dr. Ostler said the final report is due to be presented to the ADA House of Delegates in October, 1975. She hopes that this will lead to accreditation by ADA if certain established criteria are met.

At this point, the chairman asked for other reactions and discussion regarding secondary programs in general.

Other problems in this area that the committee recognized were instructor training programs, curriculum material and texts, consistency of job titles and responsibilities, and lack of planning.

Mr. Crawford said one area of concern in Alabama is that students rarely had clinical experience much above the nursing assistant level. This, he said, tended to "turn-off" students with higher aspirations who could not get the experience for accreditation for a higher position.

Mr. Petersen said he saw the limited kinds of experience available as a major problem for secondary programs. He estimated that the majority of the programs he had seen focused in on nurse aide training. He did not know if this resulted from facilities, lack of teacher preparation, or the fact that nurses are identified as teachers and this is their area of expertise.

Mr. Crawford said one of the identified problems, that of hesitancy to have eighteen-year-olds treating patients, was very apparent in his state.

Judy Jaffe suggested that a realistic look at secondary programs was needed to determine what the realistic expectations of these programs were. She suggested that rather than look at each individual program, the overall rationale should be considered as well as where these programs were headed, what they could accomplish, and what their role should be. Dr. Kadish agreed with Miss Jaffe and said a prime concern should be what direction these programs are taking nationally.

Mr. Crawford suggested that many programs are not sophisticated enough for today's students and they are turned off by them.

Clinical Facilities: Barbara I. Bloom, Director, Division of Career Information, American Hospital Association.

Barbara Bloom said that earlier discussions had identified several of the problems which she would discuss from the point of view of the hospital. The demand for clinical facilities comes from all levels: secondary, junior college, etc., and facilities can only handle so many persons. Frequently, hospitals will take high school programs if they are funded, as the hospitals also receive funds. Consequently, many programs without funds are "out in the cold". Most communities do not have a coordinated effort between learning institutions to identify available clinical facilities and allocate them according to need. Hospitals are also concerned with the cost of giving students training, and this will be a growing concern as costs rise. Ms. Bloom said unions may also influence the number allowed in hospitals as they may replace paid workers.

She said too many programs looked to place students in hospitals, and did not consider other health care facilities in the community. She expressed concern over the lack of interest and negative attitudes towards working in longterm care and nursing facilities. She referenced the recently issued AHA statement on clinical facilities which was distributed to all committee members.

The impact of national health insurance was discussed. Ms. Bloom suggested that, as with the introduction of Medicaid and Medicare, there would be little impact in total manpower need, but more, the need for on-the-job retraining. Mr. Crawford said some fields might be affected, citing the increased need for physical therapists under Medicare legislation.

Mr. Petersen asked the committee to consider specific recommendations of the role of the National Health Council and/or the Office of Education in secondary education programs. Dr. Vittetoe said definite limits or controls on program should be effected. If not, students will be hurt as well as programs. More articulation with professions at all levels is needed. She said that if students are told that career ladders exist, they should be there. Consideration should be given not just to students, but to total patient welfare. There must be direction and leadership from an organization such as the National Health Council. If qualified people do not lead, others less qualified will, with bad results.

Mr. Petersen noted that much of the committee's discussion really pointed to the need for a more detailed study of all secondary programs. He asked whether the committee wanted to make such a formal recommendation. Such a study would comprise an in-depth analysis of the types, quanity, success and problems of secondary programs, with the methodology designed to reach the local level for data.

Mr. Crawford felt that it would be helpful if such a study was done by the Council in conjunction with other groups such as the Office of Education. He saw as part of this study a followup to determine how many graduates go into health careers. This, he said, would help determine if courses should be geared more to exploration, skill training or to preparation for higher level training.

Mr. Turck felt that any secondary courses should be for the benefit of students, and any benefits to the system, secondary. If guidelines can be drawn which assure the secondary benefits, it's fine, but he maintained that courses should be designed so students can change career objectives or re-enter programs while in school.

It was the general consensus of the committee that such a study should be undertaken and that as a result of this meeting, the National Health Council recognizes this need.

Ms. Bloom said a statement on the concerns expressed by the committee should be drawn up with suggestions, such as development of consortia of local programs.

Ms. Rosdahl said she would like to see the Council become involved nationally in a clinical simulation program such as the one being developed in Minnesota. The program is developing curriculum guides for different types of facilities, hospitals, nursing homes, etc. or if no facilities are available, simulation approaches.

Ms. Kolchin said that in a National Health Council survey of incentive programs for attracting students to underserved areas, many programs were identified which might be useful as available clinical facilities not now being considered.

The committee discussed some of the problems involved in getting students to clinical facilities. In Texas, for example, admission to some health career programs is contingent on the student having transportation to the facility. Thus, students without cars or other transportation are excluded from programs. In one state, the bus is used as a classroom while students are being transported to clinical facilities. In another instance, a bus relay setup is used. However, all agreed that transportation to facilities and the scheduling of facility time in a tight school schedule was a frequently encountered problem. Mobile facilities, such as have been developed in New Jersey, were also seen as an alternative approach.

The committee felt a listing of agencies which should receive the report on the current study and the inventory should be developed.

The National Health Council should take a role in the development of general competency standards for secondary school health education teachers. Ms. Kolchin suggested that this could be done by compiling each state's requirements.

The committee felt that health occupation education should be available to the individual when he is ready, at any age, and that competency should be considered, rather than age.

National Health Council, Inc.
1740 Broadway
New York, New York 10019

SUMMARY
Meeting of Committee on Inventory for Health Occupations
on the Secondary Level
Tuesday, May 20, 1975

A second meeting of the Committee on Inventory for Health Occupations on the Secondary Level was convened at the Oak Brook Hyatt House in Illinois.

Members Attending

Dale F. Petersen (Chairman)
Barbara I. Bloom
Joseph Kadish, Ed.D.
Ruth Ellen Osiier, Ph.D.
Caroline Rosedahl
Dr. Marie Vittetoe

Not Attending

Fred Crawford
Jack Hatfield
Judy Jaffe
John F. Turck
Muriel Shay Tapman

Staff Attending

Kit Kolchin
Daniel P. Navarro

Prior to the meeting, a working draft of Health Occupations in United States High Schools was sent to each committee member asking if they would send their written comments to the National Health Council. Copies of these remarks were given to Caroline Rosedahl, the author of the report.

In opening the meeting, Chairperson Dale Petersen asked that rather than discuss individual comments item by item, he would like to have a general discussion about the report's composition.

A general review of the draft produced the following suggestions and comments:

- a preface to be written by the National Health Council giving the rationale for such a study;
- sub-titles should reflect the informality of the inquiry instrument and read "A Report of an Informal Inquiry Conducted by the National Health Council";
- suggestions were given about restructuring or resectioning the study.

PART I	OVERVIEW OF HEALTH OCCUPATIONS
PART II	THE NATIONAL HEALTH COUNCIL'S INFORMAL SURVEY
PART III	THE ADVISORY COMMITTEE TO THE NATIONAL HEALTH COUNCIL
PART IV	IDENTIFIED PROBLEMS AND SOLUTIONS SUGGESTED BY RESPONDENTS TO THE NATIONAL HEALTH COUNCIL INQUIRY

PART V SUMMARY AND RECOMMENDATIONS OF THE ADVISORY COMMMITTEE
PART VI INVENTORY OF AVAILABLE SECONDARY HEALTH OCCUPATION'S EDUCATION MATERIALS

- an appendix listing indicating which states did/did not respond to the inquiry form deleted;

- an appendix of tables included:
  - Table 1 Number of states and territories indicating various types of skill programs
  - Table 2 Student requirements for secondary health occupation programs
  - Table 3 Amount of credit awarded
  - Table 4 Major problems listed by respondents

- narrative on career education deleted based on nature of the report. It was suggested to do career education justice it should be a report in itself.

- Much discussion took place concerning the bibliography section of the report. Because of the variation of the types of materials we received it was difficult to catalogue. The committee felt the format was inconsistent and the reworking of this entire section was needed.

As mentioned earlier the above comments came from the general discussion and do not reflect individual written comments.*

The distribution of the report was considered and the sources below will be included: (But not limited to, in the original mailing)

- All advisory members
- Wilma Gillespie - AVA - Vice President for Health Occupations
- Lowell Burkett - AVA - and all members of board of directors
- State directors of VOCED
- State supervisors - consultants of health occupation education
- State and metropolitan health manpower people and health planners
- State and metropolitan health careers councils
- Curriculum materials centers
- Eric System - AIM and ARM
- State directors of VOCED
- State universities and colleges which offer vocational teacher training
- Professional health related organizations, including all members of the Council and others
- American Library Association
- American Personnel and Guidance Association
- NHC board of directors

* The individual members' written comments were read by the author and included in the text where feasible.

It was also suggested that a one-page abstract describing the report and including an order form be prepared for a general mailing.

Submitted by,

Kit Kolchin, Director, Health Manpower Development Project

February 26, 1975

Dr. Arthur Hoyte
Department of Community Medicine
Georgetown University
Med-Dent Building
3900 Reservoir Road, N.W.
Washington, D.C. 20007

Dear Dr. Hoyte:

We are enclosing an inquiry form requesting information on activities designed to promote and increase health manpower development for the disadvantaged population. This form has been sent to NMC member professional organizations, minority programs, state and metropolitan health manpower programs and government agencies.

We are forming an ad hoc committee on Minority Health Manpower Development to discuss the most effective utilization of the information received, and would like you to be a member of this committee.

Dr. Therman E. Evans, executive director of the Health Manpower Development Corporation, has agreed to chair the Minority Development Committee. The meeting will be held in his office on Wednesday, March 12, 1975, at 10:00 a.m., at the following location:

Health Manpower Development Corporation
1990 M Street, N.W.
Washington, D.C.20036

Prior to the meeting, we will send out an agenda listing the goals which we hope the committee will accomplish.

Sincerely,

Kit Kolchin
Director, Health Manpower Development

NATIONAL HEALTH COUNCIL, INC.

AD HOC MINORITY HEALTH MANPOWER DEVELOPMENT COMMITTEE

Chairman

Therman E. Evans, M.D. **
Executive Director
Health Manpower Development Program
1990 M Street, N.W., Suite 300
Washington, DC 20036
202 872-1355

Francis A. Acquaviva
American Occupational Therapy Assn.
6000 Executive Blvd., Suite 200
Rockville, MD 20852
301 770-2200

Dr. Elizabeth Allen
American Nurses' Assn.
2420 Pershing Road
Kansas City, MO 64108
816 474-5720

Jerome Ashford
Executive Director
National Assn. of Neighborhood Health Centers
1625 I Street, Suite 401
Washington, DC 20006

Alberta Barnes
Program Director
Breakthrough to Nursing
National Student Nurses' Assn.
10 Columbus Circle
New York, NY 10019
212 581-2211

Barbara I. Bloom, Director
Division of Career Information
American Hospital Assn.
840 North Lake Shore Drive
Chicago, IL 60611
312 645-9494

Jan Davidson, President
Indiana Health Careers, Inc.
2905 N. Meridian
Indianapolis, IN 46208
317 923-2311

Yvonne Davis
Executive Administrator
Student National Medical Association
2109 E Street, N.W.
Washington, DC 20037
202 337-4550

Walter L. Faggett, M.D.
Vice Chairman, Health Division
Brooke Army Medical Center
Fort Sam Houston
San Antonio, TX 78234
512 227-4264

Alfred F. Fisher
Executive Director
National Medical Association
2109 E Street, N.W.
Washington, DC 20037

Harley Flack, Ph.D., Dean *
College of Allied Health Sciences
Howard University
Washington, DC 20059
202 636-7565

Nicholas M. Griffin *
Director, Department of Health Manpower
American Medical Association
535 North Dearborn Street
Chicago, IL 60610
312 751-6000

Arthur Hoyte, M.D.
Department of Community Medicine
Georgetown University
Med-Dent Building
3900 Reservoir Road, N.W.
Washington, DC 20007

Joseph Kadish, Ed.D., Associate Director **
Division of Associated Health Professions
Bureau of Health Resources Development
Federal Building, Room 510
7550 Wisconsin Avenue
Bethesda, MD 20014
301 496-6608

* did not attend
** member of NHC Health Manpower Committee
*** member of the NHC Board of Directors

Ad Hoc Minority Health Manpower Development Committee (continued)

Morton Lebow, Acting Director
Office of Communications
Health Resources Administration
5600 Fishers Lane, Room 10A31
Rockville, MD 20852
301 443-1620

Jerry Lewis, President
National Medical Fellowships, Inc.
250 West 57 Street
New York, NY 10019
212 246-4293

Jose Pepe Lucero, President
Southwest Program Development Corp.
P.O.Box 5600
San Antonio, TX 78201
512 696-7230

Maggie Matthews, Dr. P.H. **
Assistant Director for Special Programs
Office of Health Resources Opportunity
Health Resources Administration
5600 Fishers Lane, Room 11-34
Rockville, MD 20852
301 443-1516

Dr. Vijaya L. Melnick
Associate Professor
Biology Dept.
Federal City College
1331 H Street, N.W.
Washington, DC 20005

Joe Dan Osceola, Service Unit Director
Dept. of Health, Education & Welfare
Indian Health Service
6353 Forrest Street
Hollywood, FL 33024
305 961-8620

Dario Prieto, Director *
Office of Minority Affairs
Association of American Medical Colleges
One DuPont Circle, N.W.
Washington, DC 20036
202 466-5158

Edith Rubino, Consultant
Department of Associate Degree Programs
National League for Nursing, Inc.
10 Columbus Circle
New York, NY 10019
212 582-1022

Ruth Soumah **
National Urban League
500 E. 62 Street
New York, NY 10021
212 644-6552

Michelle I. Sternfeld
Special Assistant to Director
(Washington Division)
American Society for Medical Technology
1725 DeSales Street, N.W., Suite 403
Washington, DC 20036
202 331-1488

A. L. Thomas, M.D., Director **
Project 75
National Medical Association, Inc.
1020 S. Wabash, Suite 700
Chicago, IL 60605
312 427-5000

NHC Staff

Pauline Miles
Assistant Vice President
for Program and Planning

Kit Kolchin
Director, Health Manpower Development

Daniel P. Navarro
Materials Coordinator

Anne Warner
Program and Communications Director
Manpower Distribution Project

* did not attend
** member of NHC Health Manpower Committee
*** member of the NHC Board of Directors

REPORT ON

AD HOC COMMITTEE MEETING

FOR

MINORITY HEALTH MANPOWER DEVELOPMENT

March 12, 1975
Washington, D.C.

National Health Council
Health Manpower Development Project
(Contract No. NO1 - AH - 04094)

National Health Council
1740 Broadway
New York, New York 10019

SUMMARY

MINORITY HEALTH MANPOWER COMMITTEE MEETING
MARCH 12, 1975

The meeting was called to order by Committee Chairman Therman Evans, M.D. He gave a brief description of the Health Manpower Development Corporation. He then asked the committee members to identify themselves and to briefly describe their organizations. (See participant list.)

PURPOSE

The National Health Council staff explained that within the scope of work of the Health Manpower Development Project funded by the Bureau of Health Resources Development is the charge to develop a program to encourage minority students to enter into health professions.

To determine what programs were currently ongoing in minority development, National Health Council developed an inquiry form which was sent to all member professional agencies, state and metropolitan health manpower programs, and a selected list of minority programs.

Following this, an ad hoc minority committee was formed to review the results of the inquiry, and discuss the feasibility of developing an inventory based on responses to be used by students and others interested in minority development to identify available programs.

The response to the inquiry was very sparce, and it was felt that insufficient information was received to justify developing an inventory at this time. However, the responses did identify several problem areas, and it was hoped that the committee could discuss these problem areas and supply some recommendations for action and set some goals on which the National Health Council could act.

The morning session was given over to general discussion of the problems of minority health manpower development.

In the afternoon, the committee decided to focus on five specific problem areas and make recommendations for possible action by the National Health Council. Ms. Kolchin and Ms. Miles explained that these recommendations would be given to National Health Council's Health Manpower Committee at their next meeting, pointing out that three members of the commitee were also members of the ad hoc minority committee.

It was explained that the objectives of the Health Manpower Committee are the development of Council positions on legislation, recruitment, retention, scholarships, credentialing, distribution and continuing competence of health manpower for consideration by National Health Council's Board of Directors.

RECOMMENDATIONS

Following are the five areas discussed and the recommendations which the committee asked be given to the Health Manpower Committee:

1. Inadequate Information on Health and Health Careers

   A The National Health Council should play a larger role in disseminating information on health resources and health careers by alternative channels other than high school counselors. Some possibilities suggested were: television, radio, black churches, tags on existing radio and TV shows, i.e., Feeling Good, Sesame Street, Electric Company, and through out-patient facilities in hospitals.

   B. The National Health Council should petition national, minority-oriented TV shows to focus on health and/or health careers.

Ms. Kolchin pointed out that local minority programs must be located as there is no point in motivating students if no mechanism exists for getting local information on health careers or health resources. Identifying these programs was seen as one function of the inventory.

2. Legislation/Legislative Implications

   A. The National Health Council should serve as an "Early-Warning System" to alert organizations without government liaison staff to pending health related legislation which will have a direct bearing on their organization or objectives.

   B. Conversely, the National Health Council should make known to legislators what is needed in legislation while it is being drafted, with input from minority organizations. The addition of a full-time staff person in the National Health Council's Washington office to handle these matters was recommended.

   C. The National Health Council should keep track of Bureau and Agency concerns so collected data could be utilized before it becomes obsolete.

3. Inadequate Financial Assistance

   A. The National Health Council should establish a coordinated scholarship program. Support would come from existing programs within member agencies, which would maintain their identity, while the National Health Council would administer the fund and select students. The National Health Council should also seek additional funds from Foundations.

The committee felt that student loan programs (vis-a-vis scholarships) should be discouraged, since they tend to exclude minorities and discourage practice in poor or underserved areas.

Mr. Griffin pointed out that there are millions of dollars available from existing programs throughout the United States. He disclosed the the A.M.A. is currently compiling a comprehensive "Directory of Directories," which will list all sources of information on financial assistance.

4. Adapting Curriculum and Faculty of Health Science Institutions to Needs of Minority Students

A. The National Health Council should encourage professional member agencies to make funds available to support and encourage curriculum revision reflecting needs of minority students. Some of the adjustments seen as necessary are:

- Utilization of life experience.
- More entry and exit points to allow lateral and vertical mobility, and the option to stop at lower levels.
- Recognition of the changes in the health care delivery system which National Health Insurance will engender.
- "Multi-track" curriculum, allowing greater career mobility.

The University of Michigan Medical School was cited as a possible model. An office of Minority Affairs with staff and budget was established. This type of commitment was seen as necessary to effect significant changes.

B. The National Health Council should look at the training of students in the traditional health care delivery system which tends to exclude minorities. Education should be more relevant to the society to which the student will return.

The University of Michigan was again cited as a good example of a school which has made changes towards this end. Dr. Joyce Berry or Ms. Barbara James of the National Medical Foundation Association were named as possible sources of other models.

5. Inadequate Elementary and Secondary Level Preparation, Especially in Science and Math.

A. The National Health Council should encourage funding to be made available to enhance positive role model exposure at the elementary and high school level to engender a healthy sense of competitiveness. The committee felt that many minority students had little encouragement from family or peers to advance beyond a high school diploma.

B. The National Health Council should "plug in" to programs such as "Head Start" to foster an early interest in health sciences.

C. The National Health Council should establish or support demonstration and pilot programs for elementary and high school students to motivate students into health careers. Possible funding for such projects was seen as coming by working in conjunction with universities or colleges with government or foundation support.

CONCLUSION

The National Health Council staff agreed to draw up the recommendations made for submission by the Health Manpower Committee. The Minority Committee expressed the hope that these recommendations would be presented to the National Health Council's Board of Directors, and that its presentation would be a separate agenda item at the meeting.

Staff also will report back to the Minority Health Manpower Committee members on the actions taken by the Health Manpower Committee and the National Health Council Board of Directors.

SEVENTH ANNUAL SEMINAR

FOR HEALTH MANPOWER EXECUTIVES

THE ECONOMICS OF HEALTH MANPOWER

Co-Sponsored by

The American Hospital Association

and

The National Health Council

Hyatt House

Oak Brook, Illinois

May 18-20, 1975

PLANNING GROUP

FOR

1975 SEMINAR FOR HEALTH MANPOWER

EXECUTIVES

Yvonne Davis
Program Director
Student National Medical Association

John A. Doherty
Executive Director
Michigan Health Council

Donald Parks
Deputy Chief/Operations Staff
Bureau Health Resources
Development, HRD

Nicholas M. Griffin
Secretary
Council on Health Manpower
American Medical Association

Sally Hollaway
Assistant Director (Manpower)
Bureau of Manpower and
Education
American Hospital Association

Joseph Kadish, Ed. D.
Associate Director for
Professions Development
Bureau of Health Resources
Development

Betty Riccardi
Coordinator, Careers Program
American Nurses' Association

William H. Samuels
Executive Director
American Society for Allied
Health Professions

Anne Warner
Program and Communications Director
Manpower Distribution Project
National Health Council

SUNDAY, MAY 18, 1975

4:30 p.m. to 5:30 p.m.	**REGISTRATION**	Natoma Ballroom
5:30 p.m. to 6:30 p.m.	**SUNDAY SOCIAL - CASH BAR**	Natoma Ballroom

MONDAY, MAY 19, 1975

8:00 a.m. to 9:00 a.m.	**REGISTRATION**	Gallery (outside Natoma Ballroom)
9:15 a.m. to 9:45 a.m.	**WELCOME** Paul W. Earle Director, Management Services American Hospital Association Edward H. Van Ness Executive Vice President National Health Council **Seminar Chairperson** Jan Davidson President Indiana Health Careers	Natoma Ballroom
9:45 a.m. to 10:30 a.m.	**KEYNOTE ADDRESS** Uwe E. Reinhardt, Ph.D. Associate Professor of Economics and Public Affairs Department of Economics Woodrow Wilson School of Public and International Affairs Princeton University	
10:30 a.m.	**COFFEE BREAK**	Gallery (outside Natoma Ballroom)

MONDAY, MAY 19 (continued)

10:45 a.m. to 12 noon — **Natoma Ballroom**

COMPREHENSIVE HEALTH INSURANCE – ITS IMPACT ON SERVICES AND MANPOWER

D. Eugene Sibery
Executive Vice President
Blue Cross Association

John C. Custer
Vice President and Health Care Plan Manager
Kaiser Foundation Health Plan, Inc.

12:30 p.m. to 2:00 p.m. — **Natoma Ballroom**

LUNCHEON

LUNCHEON SPEAKER: Present and Future Status of Health Care Personnel Placement

Robert W. Hampton
Vice President
Witt & Dolan Associates

2:00 p.m. to 3:20 p.m.

ECONOMICS OF PLACEMENT AND PLANNING
(Concurrent Workshop Sessions)

Group A. Job Placement Services — **Devon Room**

Moderator
Richard Alston
Project Director
Health Careers for Tennessee

Monica V. Brown
Project Director
Ohio Operation MEDIHC-HCOO
Ohio State University

Kenneth Hager
Consultant
Oklahoma Council for Health Careers

Selma Lee Markowitz
Executive Director
Connecticut Institute for Health Manpower Resources, Inc.

MONDAY, MAY 19 (continued)

Group B. Maldistribution of Health Manpower — **Dorset Room**

Moderator
Bertha B. Ring
MEDIHC Coordinator
Louisiana Hospital Association

Ellen Peach
Nurse Practitioner
Nampa Community Health Clinic, Idaho

Andrew W. Nichols, M.D., M.P.H.
Professor
University of Arizona Medical Center

Ellen Sax
Research and Information Coordinator
Manpower Distribution Project
National Health Council

Group C. Manpower Dollars and Sense — **Suffolk Room**

Moderator
Elizabeth F. Natti
Executive Director
New Hampshire Health Careers Council

Marcia Boyles, Ph.D.
Director, Health Related Programs Development
American Association of State Colleges and Universities

Kenneth P. Lineberger
Director, Paths of Employee Progress
Duke University Medical Center

Floyd Norman, M.D.
Regional Health Administrator
HEW, Region V

3:30 p.m. to 5:30 p.m. — **ECONOMICS OF MINORITY HEALTH MANPOWER DEVELOPMENT** — **Natoma Ballroom**

Chairperson
Pauline Miles
Assistant Vice President for Program and Planning
National Health Council

MONDAY, MAY 19, (continued)

3:30 p.m. to 5:30 p.m.

ECONOMICS OF MINORITY HEALTH MANPOWER DEVELOPMENT (continued)

Natoma Ballroom

Moderator
Therman E. Evans, M.D.
Executive Director
Health Manpower Development Corporation

Alice Green
Director of Development
Morehouse College, Atlanta

DeWitt Baldwin, M.D.
Health Sciences Program
University of Nevada, Reno

Marjorie Edwards
Director of Recruitment
Wayne State School of Medicine, Detroit

Hilda Reitzes
Executive Secretary
National Medical Fellowships, Inc.

Clay E. Simpson, Jr., Ph.D.
Deputy Director
Office Health Resources Opportunity
Health Resources Administration, DHEW

6:30 p.m. to 7:30 p.m.

RECEPTION

Natoma Ballroom

TUESDAY, MAY 20, 1975

9:00 a.m. to 10:45 a.m.

ECONOMIES OF A NATIONAL CERTIFICATION SYSTEM

Natoma Ballroom

Moderator
Ralph C. Kuhli
Director
Allied Professions and Services
American Medical Association

TUESDAY, MAY 20, 1975 (continued)

9:00 a.m. to 10:45 a.m.

ECONOMIES OF A NATIONAL CERTIFICATION SYSTEM (continued)

Natoma Ballroom

Thomas D. Hatch
Division of Associated Health Professions
Bureau of Health Resources Development, HRA, DHEW

Dene Murray
Executive Director
American Association of Medical Assistants

Herbert G. Gatake
Director, Bureau of Manpower and Education
American Hospital Association

John P. Smith
President
American Society for Medical Technology

10:45 a.m. to 11:00 a.m.

COFFEE BREAK

11:00 a.m. to 11:45 p.m.

THE FUTURE OF HEALTH MANPOWER

Natoma Ballroom

William H. Knisely, Ph.D.
Assistant to the Chancellor for Health Affairs
University of Texas System

12:15 p.m. to 1:15 p.m.

LUNCHEON:

Cynthia Warren Award Presentation

Presenter
Barbara I. Bloom
Director
Division of Career Information
American Hospital Association

1:15 p.m. to 3:30 p.m.

ECONOMIC CONSEQUENSES OF LEGISLATION

Kent Room

Moderator
Frank St. Denis
Director of Personnel Services
Hospital Council of Southern California

TUESDAY, MAY 20, 1975 (continued)

ECONOMIC CONSEQUENCES OF LEGISLATION (continued) — Kent Room

Health Planning and Resources Development Act

Floyd Russaw
Director
Division of Resource Development
PHS, HEW, Region V

Proposed Health Manpower Legislation

LeRoy Goldman
Counsel
Senate Subcommittee on Health

Stanley S. Wallack
Director of Health Resources
Office of the Assistant Secretary
For Planning and Evaluation, DHEW

Reactors

Robert W. O'Leary
Executive Vice President
Illinois Hospital Association

Joseph Hamburg, M.D.
Dean
College of Allied Health Professions
University of Kentucky

Constance Holleran
Deputy Executive Director
American Nurses' Association

Prentice Bowsher
Director of Federal Liaison
American Association of Medical Colleges

3:30 p.m. — **WRAP UP AND ADJOURNMENT** — Kent Room

Jan Davidson

THE SEMINAR FOR HEALTH MANPOWER EXECUTIVES

IS

SPONSORED BY:

AMERICAN HOSPITAL ASSOCIATION

840 North Lake Shore Drive
Chicago, Illinois 60611

and

NATIONAL HEALTH COUNCIL

1740 Broadway
New York, New York 10019

STAFF

BARBARA I. BLOOM
Director, Division of
Career Information
American Hospital Association

KIT KOLCHIN
Director, Health Manpower
Development Unit
National Health Council

PAULINE MILES
Assistant Vice President for
Program and Planning
National Health Council

DANIEL P. NAVARRO
Health Manpower Materials
Coordinator
National Health Council

R75

WESTERN REGIONAL HEALTH MANPOWER CONFERENCE

January 30 - 31, 1975

Los Angeles Marriott Hotel

PROGRAM TOPICS

JANUARY 30

Health Overview – "Data Watch"

Policy issues and recommendations and trends.

Challenges and Recommendations for a Health Manpower System – a report to the California Dept. of Health.

Data Information System — the collection and utilization of health manpower data.

Employment and Association — current and projected employment.

Planning for Allied Health — where's it coming from and who's going to pay it.

MARGARET MAE [illegible], R. N., Executive Director of the National League of Nursing.

J. MARTIN [illegible], Director of the Bureau of Research Services, American Hospital Association.

KENNETH M. [illegible], M.D., Administrator, Health Resources, HEW, who will make a major address at the Conference.

DR. BRUCE [illegible], Pacific Medical Center, Director of Core Curriculum.

SALLY HOLLOWAY, Director of Manpower and Labor Relations for the American Hospital Association.

MARTHA [illegible], Dean of Nursing and Health Technologies, Long Beach City College.

plus many 30 more experts from a myriad of fields relating to health manpower.

FEE

$50 per person, which includes all conference sessions, meals, two luncheons and dinner, coffee breaks, and all conference materials. For Dues-paid will be $30 for the first day, $20 for the second day.

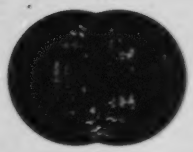
[illegible] for the Los Angeles Marriott [illegible]

[illegible] of Southern California.

NATIONAL HEALTH COUNCIL, INC.

STATE AND METROPOLITAN

HEALTH MANPOWER PROGRAMS AND COUNCILS



NATIONAL HEALTH COUNCIL inc.

January, 1975

STATE AND METROPOLITAN

HEALTH MANPOWER PROGRAMS AND COUNCILS

These programs exist in the United States and Canada to help with the recruitment, education and utilization of health professionals. They may operate as an independent council or under the aegis of another organization such as a hospital association.

Their services vary but may include any or all of the following activities:

- information to students and community organizations about health careers through literature, films, consultation, presentations, exhibits, job fairs and career days.
- assistance to guidance counselors, employment agencies, teachers and college advisors on health careers, through informational material, workshops and conferences.
- information center and clearinghouse on educational programs, financial aid, career requirements, and employment opportunities.
- contribution to health manpower planning by data gathering on health manpower supply and demand, participation in Comprehensive Health Planning, bringing together appropriate individuals, professions and groups to work on health manpower problems.
- special services for minorities interested in health careers.
- development of public awareness of health careers through public information.

For information about a specific program in this listing, write directly to the given address. For other information, write to:

Kit Kolchin, Director, Health Manpower Development

Daniel P. Navarro, Materials Consultant

1740 Broadway, New York, N.Y. 10019 (212) 582-6040

Robert C. Long, M.D. President
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Walter J. McNerney Immediate Past President
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Richard J. Steele Vice President
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NATIONAL HEALTH COUNCIL,INC.
1740 BROADWAY, NEW YORK, NEW YORK 10019

STATE AND METROPOLITAN HEALTH MANPOWER PROGRAMS AND COUNCILS

ALABAMA

Frederick Crawford
Director
Health Careers Council of Alabama
901 South 18 Street
Birmingham, AL 35205
205/933-7457

ALASKA

Marion K. Lampman
Executive Director
Alaska Hospital Association
1135 West 8th Street
Anchorage, AK 99501
907/227-1633

ARIZONA

J. William McCulloch
Personnel Services
Arizona Hospital Association
635 West Indian School Road
Suite 110
Phoenix, AZ 85013
602/279-1614

ARKANSAS

Arkansas Council for Health Careers,Inc.
c/o A.S. Koenig
918 Lexington Avenue
Fort Smith, AR 72901
501/783-4995

Roger M. Busfield, Jr., Ph.D.
Executive Director
Arkansas Hospital Association
Suite 400 - Prospect Building
1501 North University Avenue
Little Rock, AR 72207
501/664-7870

CALIFORNIA

Kenneth L. Briney, Ph.D.
Executive Director
Health Manpower Council of California
P.O.Box 468
Moraga, CA 94556
415/376-3630

Milton Kell
Health Professions Council of
San Francisco
50 Kirkham Street
San Francisco,CA 94122
415/666-2877

Frank St. Denis
Director of Personnel Services
Hospital Council of Southern California
6255 Sunset Blvd., Suite 817
Los Angeles, CA 90028
213/469-7311

COLORADO

Dorothy Harrington
Colorado Medical Society
1601 East 19th Avenue
Denver, CO 80218
303/534-8580

CONNECTICUT

Selma Lee Markowitz
Executive Director
Connecticut Institute for Health
Manpower Resources, Inc.
770 Asylum Avenue
Hartford, CT 06105
203/247-5677

Wanda Hatmaker
Program Counselor
New Haven Institute for Allied Health
Careers, Inc.
P.O.Box 7426
New Haven, CT 06519
203/865-0026

DELAWARE

Harry F. Camper
Director
Bureau of Comprehensive Health Planning
Jesse S. Cooper Building
Dover, DE 19901
302/678-4000

DISTRICT OF COLUMBIA

Gilbert E. Smith, Ph.D.
Assistant Executive Director
Hospital Council of the National
Capitol Area, Inc.
2021 K Street, N.W.
Washington, D.C. 20006
202/296-5727

Thomasina Yearwood
Acting Project Director
Health Careers Program
National Medical Association
Foundation
2109 E Street, N.W.
Washington, D.C.
202/338-8266

FLORIDA

Jack F. Monahan, Jr.
Vice President
Florida Hospital Association
P.O.Box 6905
Orlando, FL 32803
305/841-6230

Beverly Conner
Director
Hospital-Health Careers
South Florida Hospital Association
2 Coral Way
Miami, FL 33131
305/379-0817

Jan E. McGee
Coordinator
North Central Florida Health
Planning Council
5 Southwest Second Place
Gainsville, FL 32601
904/376-3344

GEORGIA

Robert McCants
Career and Information Service
State Scholarship Commission
9 Lavista Perimeter Park, Suite 110
2187 Northlake Parkway
Atlanta, GA 30084
404/939-5874

HAWAII

Executive Director
Hospital Association of Hawaii
Suite 765 - Pacific Trade Center
190 South King Street
Honolulu, HI 96813
808/533-2795

H. William Goebert, M.D.
Chairman
Hawaii Medical Association
Health Careers Council
510 Beretania S. Street
Honolulu, HI 96813

IDAHO

Educational Director
Idaho Hospital Association
P.O.Box 7482
Boise, ID 83707
208/343-7786

ILLINOIS

Frechettia Ford
Assist.Coordinator,Research & Education
c/o Illinois Hospital Association
840 North Lake Shore Drive
Chicago, IL 60611
312/467-0900

Barry Warren
Program Coordinator
The Chicago Health Manpower Consortium,Inc.
c/o Central YMCA College
211 West Wacker Drive
Chicago, IL 60606
312/222-8150

INDIANA

Jan Davidson
President
Indiana Health Careers, Inc.
2905 North Meridian
Indianapolis, IN 46208
317/923-3625

IOWA

David B. Fish
Assistant Director
Health Manpower & Public Affairs
Iowa Hospital Association
1906 Ingersoll Avenue
Des Moines, IA 50309
515/288-1955

KANSAS

Richard P. Brown
President
Kansas Health Careers Council
1301 Topeka Blvd.
Topeka, KS 66604
913/272-9240

KENTUCKY

O. Leslie Greeman
Director of Manpower & Education Services
Kentucky Hospital Research & Education Foundation, Inc.
P.O.Box 4162, 1415 St. Anthony Place
Louisville, KY 40204
502/584-6261

LOUISIANA

Bertha B. Ring
MEDIHC Coordinator
Louisiana Hospital Association
2026 St. Charles Avenue, Suite 701
New Orleans, LA 70124
504/525-7229

MAINE

Brenda Webber
Health Careers Coordinator
Department of Health & Welfare
State House
Augusta, ME 04330
207/289-3707

Fletcher H. Bingham
President
Maine Hospital Association
83 Western Avenue
Augusta, ME 04330
207/622-4794

MARYLAND

Richard J. Davidson,
Executive Vice President
Maryland Hospital Association
1301 York Road
Lutherville, MD 21093
301/821-9500

Willard K. Morris
Program Director
Lung Association of Southern Maryland,Inc.
5215 Church Place
Hyattsville, MD 20781
301/927-5181

Barry A. Passett
Director
Maryland Hospital Education Institute
Heaver Plaza, 1301 York Road
Lutherville, MD 21093

MASSACHUSETTS

John O'Brien
Director, Personnel Services
Massachusetts Hospital Association
5 New England Executive Park
Burlington, MA 01803
617/272-8000

Mrs. Melvin Darick
Massachusetts Health Council, Inc.
1672 Beacon Street
Waban, MA 02168
617/332-4629

MICHIGAN

John A. Doherty
Executive Vice President
Michigan Health Council
P.O.Box 1010
East Lansing, MI 48823
517/337-1615

Margaret E. Smith
Coordinator
Health Careers Council of Calhoun Co.
c/o Leila Hospital
P.O.Box 272
Battle Creek, MI 49016
616/962-8551

Donald Kajcienski
Program Coordinator
Health Careers Resource Center
16310 West Twelve Mile Road,Suite 310
Southfield, MI 48076
313/557-1606

MINNESOTA

John Koprowski
Director
Minnesota Health Careers Council
Minnesota Hospital Association
2414 [illegible]th Street South
Minneapolis, MN 55406
612/331-5571

MISSISSIPPI

Irene H. Snipes
Administrative Assistant
Mississippi Hospital Association
4880 McWillie Circle
Jackson, MS 39206
601/982-3251

MISSOURI

Warren Betts
Associate Director
Missouri Hospital Association
211A E. Capitol Avenue
Jefferson City, MO 65101
314/635-4181

MONTANA

Roland Fisher
Assistant Executive Director
Montana Hospital Association
P.O.Box 543
Helena, MT 59601
406/442-1911

NEBRASKA

Franklin D. Harris
Chief, Bureau of Community Health Services
State Health Dept.
Lincoln Building, 1003 "O" Street
Lincoln, NB 68508

NEVADA

Sharon Greene
Director
Health Careers Program
Nevada Hospital Association
1450 East 2nd Street
Reno, NV 89502
702/323-5139

NEW HAMPSHIRE

Elizabeth F. Natti
Executive Director
New Hampshire Health Careers Council
61 South Spring Street
Concord, NH 03301
603/224-5061

NEW JERSEY

Dennis J. Young
President
New Jersey Health Careers Service, Inc.
P.O.Box 574
Trenton, NJ 08604
609/695-9445

Judy S. Boyd, Staff Specialist
Education-Training
Hospital Research and Education Trust
1101 State Road
Princeton, NJ 08540
609/924-4124

NEW MEXICO

Clayton T. Cox
Health Careers Coordinator
New Mexico Hospital Association
3010 Monte Vista Blvd., N.E.
Suite 208
Albuquerque, NM 87106
505/265-3686

NEW YORK

Robert K. Watts
Director
Office of Allied Health Manpower
Health Career Information and
Referral Service
New York State Dept. of Health
84 Holland Avenue
Albany, NY 12237
518/474-1591

Benn Greenspan
Assistant Director,Manpower Development
United Hospital Fund of New York
3 East 54th Street
New York, NY 10022
212/754-1080

Personnel Associate
Western New York Hospital Association
2005 Sheridan Drive
Buffalo, NY 14223
716/874-9976

Stanley J. Grenn,Director
Health Services Division
United Way of Buffalo & Erie County,Inc.
742 Delaware Avenue
Buffalo, NY 14209

Shirley Carkner
Public Health Social Work Consultant
Rochester Regional Office
New York State Dept. of Health
119 Main Street East
Rochester, NY 14606
716/546-6556

NORTH CAROLINA

Mary Alice Sherrill
Staff Associate
North Carolina Hospital Association
Health Careers Program
P.O.Box 10937
Raleigh, NC 27605
919/834-8484

K. Peter Hecht
Region "D" Health Planner
Regional Health Council of Eastern
Appalachia
201 South Green Street
Morganton, NC 28655
704/433-1636

NORTH DAKOTA

Robert S. Lipe, Ph.D.
Chairman
North Dakota Health Careers Council
Division of Allied Health Professions
Minot State College
Minot, ND 58701
701/838-6101, Ext.336

OHIO

Monica V. Brown
Director
Health Careers of Ohio - Operation MEDIHC
P.O.Box 5574
Columbus, OH 43221
614/422-9566

Edna H. Caywood
Executive Director
Health Careers Association of Greater
Cincinnati
2400 Reading Road
Cincinnati, OH 45202
513/721-2915

Ray O. Nordquist
Vice President, Education
The Greater Cleveland Hospital Association
1021 Euclid Avenue
Cleveland, OH 44115
216/696-6900

OHIO (continued)

R.B. Raymer
Program Coordinator
Health Careers Unlimited
Providence Hospital
1912 Hayes Avenue
Sandusky, OH 44870
419/625-8450

OKLAHOMA

Kenneth Hager
Executive Director
Oklahoma Council for Health Careers
715 N.E. 14th Street
Oklahoma City, OK 73104
405/271-5739

OREGON

Health Careers Chairman
Woman's Auxiliary to the Oregon
Medical Association
2164 S.W. Park Place
Portland, OR 97205
503/226-1555

P.D. Fleissner
Executive Director
Oregon Association of Hospitals
220 S.W. Morrison
Portland, OR 97204
503/228-5608

PENNSYLVANIA

Robert G. Crist
Director of Association Services
Hospital Association of Pennsylvania
P.O.Box 608
Camp Hill, PA 17011
717/233-7621

William E. Blewett, Ph.D.
Executive Vice President
Philadelphia Center for Health
Careers, Inc.
311 South Juniper Street, Room 402
Philadelphia, PA 19107
215/735-4332

RHODE ISLAND

Elliott A. Kellman
Staff Asst.
Hospital Association of Rhode Island
56 Pine Street
Providence, RI 02903
401/351-4450

Robert P. Lawton
Executive Vice President
Rhode Island Health Science Education
Council
1145 Reservoir Avenue, Suite 124
Cranston, RI 02920
401/944-1754

SOUTH CAROLINA

Mack Mitchell
Director of Education
South Carolina Hospital Association
P.O.Box 1236
West Columbia, SC 29169
803/796-3080

Sally Hutcheson
Health Careers Consultant
S.C. Appalachian Council
Box 6708, Station B.
Greenville, SC 29606
803/268-3661

SOUTH DAKOTA

Donald G. Brekke
Coordinator
Health Manpower Development Program
State Department of Health
Office Building No.2
Pierre, SD 57501
605/224-3695

Sister Amabilis
Health Careers
St. Michael's Hospital
Tyndall, SD 57066

Darold Loecker, Director
Lewis and Clark Health Education
and Service Center
1017 North 5th Street
Yankton, SD 57078

TENNESSEE

Richard Alston
Project Director
Tennessee Health Careers
210 Reidhurst Avenue
Nashville, TN 37203
615/327-1975

TEXAS

Spencer Guimarin
Director
Texas Health Careers Program
Texas Hospital Association
P.O.Box 4553
Austin, TX 78765
512/453-7204

UTAH

Mrs. Frank F. Daughters
Chairwoman
c/o Utah State Medical Association
2318 Walker Lane
Salt Lake City, UT 84102
801/355-7477

John R. Walker
Executive Director
Utah State Hospital Association
455 E. 4th Street, Suite 10
Salt Lake City, UT 84111
801/328-2331

VERMONT

Pelton Goudey
Executive Director
Health Careers Council of Vermont
P.O.Box 177
Randolph, VT 05060
802/728-5025

VIRGINIA

Taylor Coleman Wells
Director
Virginia Health Careers
Virginia Council on Health & Medical Care
P.O.Box 12363, Central Station
Richmond, VA 23241
804/648-1613

WASHINGTON

Curt Fortney
Associate Director
Washington State Hospital Association
601 Broadway
Seattle, WA 98122
206/623-0828

Dorothy Asplund, R.N.
Program Specialist
Health Occupations Education
Coordinating Council for Occupational Education
216 Old Capitol Building
Olympia, WA 98504
206/753-5650

WEST VIRGINIA

Bruce J. Carter
Executive Vice President
1219 Virginia Street East
Charleston, WV 25301
304/364-0481

WISCONSIN

Carol Mehlberg
Vice President, Communications
Health Careers Program
Wisconsin Health Council, Inc.
P.O.Box 4387
Madison, WI 53719
608/274-1820

John F. Turck
Community Relations Director
Hospital Council of Greater Milwaukee Area
9898 W. Bluemound Road
Milwaukee, WI 53226
414/258-9610

WYOMING

Albert B. McDonald
Executive Director
Wyoming Hospital Association
P.O.Box 3390
Cheyenne, WY 82001
307/632-9344

PUERTO RICO

Jorge Brull
Executive Director
Puerto Rico Hospital Association
Darlington Building, Suite 1000
Rio Piedras, PR 00925
809/764-7440

CANADA

M.K. Porterfield, R.N.
Director of Health Careers Recruitment
Dept. of Health and Social Development
Administration Building, Room 402
109th Street and 98th Avenue
Edmonton 14, Alberta, Canada
403/229-3208

Mary Legris
Health Care Consultant-Manpower
Alberta Hospital Association
10025 108th Street, 6th floor
Edmonton, Alberta, Canada T5J1K9
403/429-4279

Executive Director
Health Career Services
Manitoba Health Organizations
377 Colony Street
Winnipeg, 2, Manitoba, Canada R3B 2P5
204/942-6591

Norma Clark
Hospital Careers Consultant
Ontario Hospital Association
150 Ferrand Drive
Don Mills, 402, Ontario, Canada M3C 1H6
416/429-2661

Pierre Ledoux
Director, Education Services
L'Association Des Hopitaux de la
Province de Quebec
505 oest, boul Dorchester #1202
Montreal, 128, Quebec, Canada
514/878-1833

NATIONAL HEALTH MANPOWER PROGRAMS
WITH MINORITY GROUP SERVICES
(Partial Listing)

American Association of Colleges
of Pharmacy
8121 Georgia Avenue - Suite 800
Silver Spring, MD 20910
301/587-1012
Douglas P. Johnson, R. Ph.
Director of Student Affairs
Recruitment program and admission clearinghouse to increase representation of minority groups in the pharmacy profession.

American Foundation for Negro Affairs
136 S. 17 Street, Room 404
Philadelphia, PA 19103
215/LO 3-2654
Mary Anne Bartley
Project to assist minority students to undertake a four-year program to prepare for entry into health professions schools.

American Hospital Association
840 North Lake Shore Drive
Chicago, IL 60611
312/645-9400
Barbara I. Bloom, Director
Division of Career Information
Minority recruitment brochures and Health Manpower Bibliography with special section on minority information.

American Optometric Association
7000 Chippewa Street
St. Louis, MO 63119
314/832-5770
Aaron Donerson
Minority Recruitment Project Director
Program to increase minority participants in the optometric professions.

American Speech and Hearing Association
9030 Old Georgetown Road
Washington, D.C. 20014
301/530-3400
Sylvia Jones
Director of Recruitment
Program to develop informational resources for minority students on careers in speech pathology and audiology. Projects related to other areas of minority concerns and communications directed by Office of Urban and Ethnic Affairs.

American Student Dental Association
211 East Chicago Avenue - Suite 2110
Chicago, IL 60611
312/944-6730; Ext. 451
Torry M. Sansone
Executive Director
Includes among objectives increased communication between dental students and minority groups.

ASPIRA of America, Inc.
245 Fifth Avenue
New York, NY 10016
212/683-6054
Samuel Negron, Director
Training and Programs
Leadership development for Puerto Rican students. College placement, retention, counseling (health careers counseling done by affiliates.)

Association of American Indian Physicians
721 N.E. 14 Street
Oklahoma City, OK 73190
405/235-5862
Don Jennings, Project Director
Recruitment of American Indians into the health sciences.

Association of American Medical Colleges
One Dupont Circle, N.W.
Washington, D.C.20036
202/466-5158
Dario Prieto, Director
Office of Minority Affairs
Programs to increase minority representation in the health professions.

Association of Schools of Allied Health Professions
One Dupont Circle, N.E.
Washington, D.C. 20036
202/293-3422
Lorraine Gordon
Project Director
1) to identify barriers to entry of minority students into allied health educational programs, 2) to develop goals and 3) to implement solutions.

Association of University Programs in Hospital Administration
One Dupont Circle - Suite 420
Washington, D.C. 20036
Barry Cooper, Director
Office of Student Affairs
Co-sponsors with National Association of Health Services Executives, a national work-study recruitment program for minority students (summer program); administers scholarship and loan fund for minority students. (Applications should be directed to program director of graduate school in which the student is enrolled.)

Health Manpower Development Corporation
1990 M Street, N.W.
Washington, D.C. 20036
202/872-1355
Thurmond Evans, M.D.
Executive Director
HMDP is committed to increasing and improving health services for the inadequately served by: 1) motivating high school and college students to pursue professional careers in the field of health; 2) recruiting low-income and minority citizens as paraprofessionals; 3) encouraging already-trained professionals to serve in community health programs; and 4)coordinating regional efforts in health manpower development.
(Proposal guidelines available for above activity areas.)

National Chicano Health Organization
1709 West 8th Street - Suite 517
Los Angeles, CA 90017
213/483-7167
Federico Lopez
Executive Director
National recruitment program to increase supply of Chicano health professionals. Quarterly conferences of Chicano recruiters.

Project 75 of the
National Medical Association, Inc.
1020 S. Wabash - Suite 700
Chicago, IL 60605
312/427-5000
A. L. Thomas, M.D.
Program to discover, develop and sustain interest in medical careers among Black, Chicano, Indian, and Puerto Rican students, primarily at college level. A national office and five regional office

National Medical Association Foundation
1150 17th Street, N.W.
Washington, D.C.20036
202/833-3560
Joyce Berry, M.D.
Health Careers Coordinator
Project to expand health careers recruitment programs to additional cities.

National Medical Fellowship, Inc.
250 West 57th Street
New York, NY 10019
212/246-4293
Jerry Lewis, President
Provides financial assistance to first and second year minority medical students in need of financial aid.

National Optometric Association
East Chicago, IN 46312
Charles Comer, O.D.
219/398-1832

Program to assist minority students to enter and complete optometry training.

National Student Nurses Association
10 Columbus Circle
New York, NY 10019
212/586-7230
Alberta Barnes, Program Director
Breakthrough to Nursing

National recruitment program for nursing students to increase recruitment potential of nurses from minority groups.

National Urban League
477 Madison Avenue
New York, NY 10022
212/935-9250
Ruth Aikens, Associate Director for Health Project, "Development of Allied Health Curricula in Black Colleges and Universities". Offers technical assistance to Black Colleges in the southeast to develop and fund allied health professions curricula. The project was based on findings from a feasibility study and operates from the regional office in Atlanta, Georgia, with Patricia Gill as Project Director.

Nursing Education Opportunities, Inc.
55 Dimock Street
Boston, MA 02119
617/445-3508
E. Lorraine Baugh, Executive Director

National program to assist individuals and groups to develop programs which will aid students who have been disadvantaged by the educational system to enter and complete nursing education programs of their choice.

Student American Medical Association
1400 Hicks Road
Rolling Meadows, IL 60008
312/259-7450
Paul Wright, Director
Division of Health Manpower Development

1) American Indian Student Health Program to increase manpower resources for American Indian communities.
2) Appalachia Student Health Project for Recruitment and Development.

Student American Pharmaceutical Association
2215 Constitution Avenue, N.W.
Washington, D.C. 20037
202/628-4410
William F. McGhan, Executive Secretary

1) Local Health Manpower Conferences which include input from minority students in health disciplines.
2) Minority health task force to provide seed money for local minority health projects.

Student National Medical Association
2109 E Street, N.W.
Washington, D.C. 20037
202/337-4550
Yvonne Davis
Executive Administrator

Membership includes Blacks, Chicanos, Puerto Ricans, American Indians. Vehicle for student leadership development to improve distribution and supply of health manpower for minority and underprivileged health consumer.

STATE, REGIONAL AND METROPOLITAN PROGRAMS
CHIEFLY SERVING MINORITY GROUPS
(Partial Listing)

ALABAMA

Bernard Kincaid
School of Community and Allied Health Resources
University of Alabama
Birmingham, AL 35205

CALIFORNIA

Barbara de Cordova
Project Director
Health Careers Program
National Medical Association Foundation
1635 E. 103 Street
Los Angeles, CA 90002
213/567-7771

Project Seventy-Five
National Medical Association
Pacific Coast Regional Office
1828 South Western Avenue, Suite 24
Los Angeles, CA 90006
213/731-7371

COLORADO

Project Seventy-Five
National Medical Association
Rocky Mountain Regional Office
1899 Gaylord Street
Denver, CO
303/321-4910

GEORGIA

Project Seventy-Five
National Medical Association
Southeast Regional Office
985 Hunter Street, N.W.
Atlanta, GA 30314
404/524-0601

ILLINOIS

John A. Armendariz, President
Mexican-American Council on Education
1234 West Grandville
Chicago, IL 60626

Wali M. Siddiq
Executive Director
Council for Bio-Medical Careers
412 East 47th Street
Chicago, IL 60653
312/624-4503

Sylvia Fox
Executive Director
ASPIRA, Inc. of Illinois
767 North Milwaukee Avenue
Chicago, IL 60622
312/243-1630

Project Seventy-Five
National Medical Association
Midwest Regional Office
1020 South Wabash Avenue, Suite 700
Chicago, IL 60605
312/427-5000

KANSAS

Joyce Walker
Director
Kaw Valley Medical Society
Health Careers Program
1135 Minnesota Avenue
Kansas City, KS 66102
913/342-7766

NEW JERSEY

Ralph Franco
Executive Director
ASPIRA, Inc. of New Jersey
20-24 Branford Place
Newark, NJ 07102
201/642-8080

NEW YORK

Alida Dailey
Project Director
City Wide Organization for Health
Services, Inc.
103 East 125th Street
New York, NY 10035
212/860-3120

Mario R. Englada, Executive Director
ASPIRA of New York, Inc.
296 Fifth Avenue
New York, NY 10016
212/244-1110

OHIO

Gloria C. Lewis
Assistant Project Director
National Medical Association
Foundation, Inc.
10605 Chester Avenue, Suite 409
Cleveland, OH 44106

OKLAHOMA

Don Jennings
Project Director
Association of American Indian
Physicians
721 N.E. 14th Street
Oklahoma City, OK 73190
405/235-5862

PENNSYLVANIA

Epifanio De Jesus
Executive Director
ASPIRA, Inc. of Pennsylvania
526 West Girard Avenue
Philadelphia, PA 19123
215/WA 3-2717

TEXAS

Director
Southwest Program Development
Corporation
P.O.Box 5600
San Antonio, TX 78201
512/696-7230

WASHINGTON, D.C.

Project Seventy-Five
National Medical Association
Northeast Regional Office
2217 4th Street, N.W.
Washington, D.C.20001
202/265-1070

PUERTO RICO

Hilda Maldonado
Executive Director
ASPIRA of Puerto Rico, Inc.
P.O.Box 11755
Santurce, PR 00910
809/724-8235

Health Manpower Memo

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SEMINAR TO EXAMINE THE ECONOMICS OF HEALTH MANPOWER

The Seventh Annual Seminar for Health Manpower Executives, scheduled for May 18-20 at the Oak Brook Hyatt House, Illinois, will probe the economics of health manpower. This popular annual meeting will again be co-sponsored by the National Health Council and the American Hospital Association. Jan Davidson, president Indiana Health Careers, will chair the program.

The keynote speaker is the distinguished economist Uwe E. Reinhardt, Ph.D., from the Department of Economics, Woodrow Wilson School of Public and International Affairs, Princeton University. Dr. Reinhardt brings to the meeting an expertise in both economics and health manpower, and his address promises to set a provocative standard of excellence for the entire two-day program.

Subsequent sessions will zero in on more specific aspects of the economic picture. "Comprehensive Health Insurance—Its Economic Impact on Service and Manpower" will feature top executive from three major health insurance programs: Blue Cross Association, Kaiser Permanente, and MarshField Clinic.

Three concurrent workshop sessions on "The Economics of Regional Programs" will give participants a chance to hear and discuss with experts "Job Placement Services," "Maldistribution of Health Manpower," or "HEW Regional Planning."

A panel discussion on "The Economics of Health Manpower Minority Development" will examine current issues and problems in this crucial area. Therman E. Evans, M.D., executive director, Health Manpower Development Program, will moderate this session.

"The Economics of a Uniform National Certification System" will be a pro and con panel discussion of this pressing issue. Ralph C. Kuhli, director, Allied Professions and Service, American Medical Association, will be moderator. Representatives from four professional associations, American Association of Occupational Therapists, American Society for Medical Technologists, American Hospital Association, and American Association of Medical Assistants, and Thomas D. Hatch, Division of Associated Health Professions, Bureau of Health Resources Development, HRA, will complete the panel.

As a follow up to last year's highly successful seminar on Health Manpower Legislation, the final session will examine the "Economic Consequences of Health Legislation." Federal representatives will speak on new and proposed legislation, and a reactor panel of health providers and consumers will respond.

A special discussion session for state and metropolitan health manpower executives will be held on the afternoon of May 18, preceeding the general meeting.

The meeting is expected to attract executives of state and metropolitan health manpower programs, government agencies, educational institutions, health professional associations, comprehensive health planning agencies and health care institutions. For registration information, write: Ms. Kit Kolchin, Director, Health Manpower Development, National Health Council.

SOLUTIONS TO HEALTH MANPOWER DISTRIBUTION PROBLEMS BEING SOUGHT IN DEMONSTRATION PROJECTS

Eight demonstration projects, designed to test different methods of influencing health science students to practice in rural and inner-city areas after training are now underway throughout the United States.

The projects, part of the National Health Council's Manpower Distribution Project, include inner-city projects in New Orleans and Cincinnati, and rural projects in Arizona, Arkansas, Georgia, Kentucky, Maine and Texas.

Projects in Maine, Kentucky, and New Orleans were funded during 1974 by NHC with a $125,000 Office of Education grant and are continuing with funding from other sources. The others are supported by Regional Medical Programs, Regional offices of HEW, and private foundations.

MAINE

This project was funded by NHC from December 1, 1973 to November 30, 1974 and is being continued by Medical Care Development, Inc., with funding from the Maine Regional Medical Program. Clinical field experiences in rural areas of Maine are arranged for teams of health science students from colleges and universities primarily in the New England and New York areas. During 1974, students from 15 health professions from 37 different health science programs were assigned to 14 selected preceptorship locations on a multidisciplinary basis. During the six-week program, students participate in orientation sessions, work daily with the preceptors and take part in weekly conferences with team coordinators.

Two one-day conferences on state resources were held to acquaint students with available state and regional resources.

Students have reported that the project has been of value toward understanding what it is like to live and practice in such an area. Several participants have taken positions in Maine following graduation, and others have expressed an interest in practising there.

KENTUCKY

The Appalachian Kentucky project was founded by NHC from November 1, 1973 to October 31, 1974, and is continuing with funding from the Kentucky State Department

for Human Resources. The University of Kentucky Medical Center for Special Student Programs established the Appalachian Kentucky Health Manpower Service which implements the program.

The service has identified close to 1,800 students, primarily from the 49 Appalachian Kentucky counties, who are currently enrolled in schools of medicine, nursing, dentistry, pharmacy, and allied health professions in Kentucky or nearby states.

Information on the students has been computerized and published in "Health Professions Students". Information was also collected, computerized and published on 135 health providers in the area in need of health manpower, including comprehensive health planners, hospital administrators, physicians and dentists.

The student listing is sent to all health providers listed, and the provider listing to all listed students.

Efforts have been made to bring medical residents and medical and dental school graduates returning from military service in contact with Appalachian communities. "Saturday Seminars" give students a chance to meet with community leaders and local health professionals and to tour health facilities. A special summer-job program is also part of the project.

To date, two dentists and two nurses, all recent graduates, have taken positions in the area through the project.

NEW ORLEANS

The inner-city project in New Orleans was founded by NHC from January 1 to December 31, 1974. Sponsored by Health Power Associates, Inc., this project uses a multidisciplinary field placement approach to give students in five health professions a positive experience in four inner-city clinics. Approximately 45 students in optometry, dentistry, dental hygiene, pharmacy, social work and public health took part during 1974.

The month-long program includes orientation sessions, weekly conferences, and seminars on issues of interest to health-care personnel serving the inner city. The experience allows students to work under health professionals who are positive role models and understand the health needs of the inner city, and to work with students in other health disciplines. Success of the program is seen thus far in one student pharmacist who has decided to practice in an inner-city clinic, and several others who plan to locate in inner-city positions or help develop similar clinics in other cities.

TEXAS

A project in Texas, funded from January 1, 1974 to June 30, 1975, by the Regional Medical Program of Texas, gives teams of health science students from the University of Texas at San Antonio and other area schools clinical and community experience in two community health clinics and a small rural hospital in Crystal City, a south Texas town predominantly composed of Mexican-American migrant workers.

The project is sponsored by IMAGE (Involvement of Mexican Americans in Gainful Endeavors) of Crystal City. During the first six months, participating students in medicine, nursing and social work helped to plan, prepare and conduct a series of six well-baby and pre-natal clinics, the first ever held in Crystal City. The students are also involved in health education work and a health careers club in local public schools.

OHIO

A different approach to influencing health science students to practice in inner-city shortage areas is being tried in a project sponsored by the University of Cincinnati's College of Community Services. The project is funded by the Office of Special Programs, Bureau of Health Resources Development, Health Resources Administration, for the period June 30, 1974 to December 31, 1975. It will provide an opportunity for faculty from 20 university programs in Health Services Administration from across the U.S. to participate in a summer work-study program in inner-city neighborhood health centers in the Cincinnati area to learn more about the challenges, needs and opportunities in planning and administration of health facilities and services in inner-city communities.

Seminars on developing films, materials and other resources for curriculum building in their programs will be held. It is anticipated that the experience will enable participating faculty members to design and implement models in their own university for motivating and preparing their students for careers in inner-city health programs.

ARIZONA

The Department of Family and Community Medicine at the University of Arizona College of Medicine, sponsors the Arizona project, which is funded by HEW Region IX Health Manpower Program from June 30, 1974 to June 30, 1976.

The project will incorporate into a developing medical and family practice residency curriculum, an experience of service in the presently underserved rural communities near Tucson. This will be done in conjunction with the National Health Service Corps Rural Health Delivery System Program.

Student contact will begin in pre-medical years and extend through the post-graduate period, but will focus on senior clinical experience and family practice residency assignments. Multidisciplinary professional student input will be solicited and the team approach encouraged. Students will be encouraged to attach themselves to a specific rural community and consider a commitment to service in needy areas.

Support services in the form of communication, medical records, on-site education, field preceptorship and other methods will be used in the project.

GEORGIA

The State Scholarship Commission in Atlanta is sponsoring a project which will provide graduating health science students with exposure to rural and small town practice sites in Georgia. It is funded by the HEW Region IV Office of the Public Health Service from July 1, 1974 to September 30, 1975.

Summer practice sites will be arranged for students completing health programs to observe rural living conditions and opportunities to practice. Slides, films and individual contact will be used to interest students in participating in the project.

Twenty small communities have been selected as sites for student involvment. Data on positions available will be compiled and made available to interested students. Throughout the placement program, project staff will work with community groups to arrange for student visits.

ARKANSAS

One part of another proposal for a demonstration project received by the NHC Manpower Distribution project was funded by the Levi Strauss Foundation. Sponsored by the Arkansas Council for Health Careers, this project gave health science students six-week preceptorship experience in rural communities during the summer of 1974. Students in medicine and nursing were placed in four communities in Arkansas where the Levi Strauss Company has manufacturing plants.

Additional information on these demonstration projects may be obtained from Anne R. Warner, Program and Communications Director, Manpower Distribution Project at the National Health Council.

1974 PROVES RECORD YEAR FOR PHYSICIAN PLACEMENT IN VIRGINIA

The Virginia Council on Health and Medical Care reports a record number of physicians were placed in Virginia facilities through the Physician Referral Service. The program is administered by the Virginia Council with the cooperation of the state's medical schools, Department of Health, the state board of Medical Examiners and the American Medical Association. During 1974, 1,318 physicians used the service, resulting in 41 placements throughout the state.

The Council also provides referral services for dentists, dietitians and occupational therapists, in each case as a cooperative effort with the state's appropriate professional association.

The physician's program, which has been operative since 1950, continues to explore innovative approaches to bringing together physicians and communities with a need for them.

For example, the deans of Virginia's three medical schools have been given field trips through the state, meeting physicians, hospital personnel and community leaders, so they would be better acquainted with the health needs of the state. During 1974, 71 communities were visited.

As a by-product of this effort, the schools are providing the Virginia Council with names of medical students with their local county or city. The Council supplies these names to local community leaders and health facilities with the hope that the students will be contacted and encouraged to return to their hometown areas to practice when they complete their training. Expansion of this program to include dental students is planned.

According to Council Director Edgar J. Fisher, Jr., these activities were undertaken to improve the basic aim of the program: to provide a communications link between physicians and communities in need of doctors.

Personnel and professional information supplied the Council is condensed and distributed throughout the state. Communities are provided with information on how to attract physicians to their areas. Doctors who indicate an interest in practising in Virginia are given material on the state and communities needing their service.

The Virginia Council also contacts all interns and residents in training in the state and makes them aware of opportunities available in Virginia.

The Council will share its techniques with other states which wish information. Write: Virginia Council on Health and Medical Care, 100 East Franklin Street, Richmond, Va. 23219.

HEALTH MANPOWER MEMO

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Edward H. Van Ness, Executive Vice President

Daniel P. Navarro, Editor

EDWARD H. VAN NESS KEYNOTE SPEAKER AT WESTERN REGIONAL HEALTH MANPOWER CONFERENCE

Edward H. Van Ness, executive vice president of the National Health Council, was the featured speaker at "RX-'75" a conference on health manpower, held January 30-31 in Los Angeles. The meeting was cosponsored by the Hospital Council of Southern California, the American Hospital Association, and the National Health Council.

In his address, Mr. Van Ness called these the "best of times, and the worst of times," citing the poor state of the economy, high unemployment, and reduced Federal spending in health manpower programs. But, he said, this slowdown period can be used advantageously, by allowing time to implement coordinated, long-range programs designed to improve the availability of adequately trained health manpower, and by doing this, to improve health care for all Americans.

Mr. Van Ness saw the need for greater education, both for consumers and providers as an important aspect of improved health care.

Other conference highlights were discussions of new educational and training concepts, such as team training and core curricula at the pre-professional level, which supply the knowledge, skills and attitudes necessary for a health career, but allow occupational mobility.

Bruce Spivey, M.D., dean, School of Medical Sciences, University of the Pacific, in his address "The Manpower Delivery Dilemma—What Can Education Do?" said education can do little until goals are more clearly defined. Health care, he said, is really "sick care" and this attitude must be changed. To achieve this change, he saw three

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steps as necessary: A clearer look at goals; greater emphasis on primary care; and, closer ties with consumers of health care.

Two sets of concurrent sessions explored the areas of "Data Information Systems," "Licensure and Accreditation," "Funding," "Student Counseling," and "Appropriate Utilization of Health Manpower."

More than 200 persons attended the meeting, the third in a series of regional meetings planned by the National Health Council. A fourth is scheduled for October 12-14 in Roanoke, Va., to be co-sponsored by the Virginia Council on Health and Medical Care. Details of this meeting will be carried in a later issue of *Health Manpower Memo*.

A.M.A. CONTINUES HEALTH PROFESSIONS EDUCATIONAL AID

The American Medical Association is continuing to give assistance to allied health professions educational programs by co-sponsoring workshops and conferences. According to John Beckley, Ph.D., assistant director, Division of Medical Education, the A.M.A. provides staff for the meetings at no charge. Agenda is determined by the sponsoring organizations, consortia or systems of colleges, who are also expected to provide accommodations, send invitations and attend to other meeting details.

In cases where the areas of concern to be covered at the meetings fall outside A.M.A. staff expertise, they enlist experts from other national organizations or institutions. Invitees to the workshops include all hospital and college allied health faculty and administrators from the area to be served. Dr. Beckley said that while most people were aware that the A.M.A. accredits some 25 allied health programs, not many organizations or colleges were aware of other services provided, such as these workshops.

For information on this program, contact Dr. Beckley at the A.M.A., 535 North Dearborn Street, Chicago, Illinois 60610.

STATE LAWS ON LICENSING HEALTH JOBS COMPILED

Information is now available on state laws and regulations concerning the licensing of health personnel from the National Institutes of Health. The compilation was made by the Bureau of Health Resources Development, Health Resources Administration under a contract with the Aspen Systems Corporation, Rockville, Maryland.

Licensing information will be provided on about 35 health professions and occupations in the 50 states, D.C., Puerto Rico, and the Virgin Islands. Included are physicians, dentists, optometrists, pharmacists, podiatrists, veterinarians, nurses, social workers, physician assistants, and emergency medical personnel.

For information, contact National Institutes of Health, HEW, National Library of Medicine, Bethesda, Maryland 20014.

ACTION SEEKS HEALTH CAREER VOLUNTEERS

ACTION announced that a wide range of health assignments are available in the United States, through its VISTA program, and overseas, through the Peace Corps. Professional volunteers are being recruited at the college level and within the health field.

According to Mary Martha Beaton, regional ACTION health representative, health volunteers, now serving in over 60 countries and throughout the U.S. are given assignments having real responsibility and have the opportunity to gain valuable experience working with the poor and needy.

ACTION volunteers receive a living allowance based on the standard of living in the country or community in which they work. $50 to $75 a month is set aside for the volunteer and is payable at the end of service. Medical care and travel expenses are provided.

Additional information and applications are available from ACTION on their toll-free telephone number: 800-424-8580.

Health Manpower Memo

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SEVENTH ANNUAL SEMINAR FOR HEALTH MANPOWER EXECUTIVES EXPLORES THE ECONOMICS OF HEALTH MANPOWER

The economics of health manpower was given a two-day probe at the Seventh Annual Seminar for Health Manpower Executives held May 18-20, 1975, in Oak Brook, Illinois.

Setting the tone for the meeting, keynote speaker Uwe E. Reinhardt, Ph.D., associate professor of economics and public affairs, Department of Economics, Woodrow Wilson School of Public and International Affairs, Princeton University, posed several important questions which he believes are basic to the problem of the future of health manpower. One, do we have enough of each type of health manpower that we are now producing to satisfy our needs from two perspectives, a) from the perspective of the health delivery system, and b) from the economic perspective, is it really the cheapest mix we can think of, or will we produce perhaps too many physicians and not enough allied health personnel — maybe too many specialists and not enough generalists, etc." On the question of whether we have an adequate supply of physicians, Dr. Reinhardt cited two different economic theories. The first theory is that the market for physician's services and for physicians is basically a competitive market, and that if you increase the supply of physicians this will decrease the income of physicians. It forces physicians to be enormously efficient in order to earn a decent income. It forces physicians to redistribute themselves, to go and practice in areas now typically shunned by physicians.

The opposing theory is that physicians have an enormous amount of power in that they can set fees for their services so as to reach a target income. If this theory is true, Dr. Reinhardt speculated, an increase in the physician population ratio would be expected to drive prices up. Further, there will be no redistribution of physicians because most urban centers can absorb even more doctors than they already have, even in cases where there is already an overabundance. This, he said, was particularly true if the government is picking up the tab through national health insurance. "Because, if you have by chance an excess supply of physicians and physicians find themselves under employed, why would they engage in task delegation? Why would they take on physicians assistants or why would they even want to share their patient pool if we had a new type of health manpower?"

He also proposed that, unlike the manufacturing of products, in the medical care sector, you have a situation where the professional pool of manpower is in charge of defining what their services should be and in charge of defining a need for their services. He saw a danger in the overproduction of physicians in allied health personnel and questioned whether the extra good generated is worth the enormous amount in extra costs in light of the many other unmet social needs in this country.

Another major question raised by Dr. Reinhardt was whether or not there is any assurance that physicians are actually interested in allied health manpower that would work under physicians or with physicians. His own opinion is that the entire health manpower movement originated not, as classical theory suggests, with the producers of physician services, but rather in the minds of policymakers and educators. These people, he said, perceived that there was a need and that by educating allied health manpower, this need could be met. But, he said that there are signs that demand for this personnel may not be nearly as strong as had been hoped.

Secondly, even with the assumption that the physician will hire the allied health personnel and engage in bona fide task delegation while continuing to maintain the same level of productivity, is it safe to assume that medical costs will go down.

The third question raised was whether, even if the physicians hire the aides, would patient care remain constant or would there be a "layering of new and auxiliary services" which physicians can have produced on their premises and resell, at a profit. This, he said could have two bad side effects potentially. It would increase certainly the cost of medical treatment. It might increase the quality, but at a price. Secondly, it would increase the physician's hourly income and if they elect to work fewer hours, increase the cost of care per patient.

Much will depend, according to Dr. Reinhardt, on how tight the market for physicians is. If there is a shortage of physicians he believes allied health personnel will be used, because most physicians do care about the health status of people in their community. However, with an excess supply and slightly underemployed physicians, they are apt not to delegate their work to allied health manpower, but rather use that manpower to produce new services.

Dr. Reinhardt saw national health insurance as a possible vehicle for avoiding these potential dangers. If such a system is a fee-for-service system, with fees set by the Federal Government, physicians could conceivably be forced through economic pressure into using efficiency as the only ready way to increase or maintain their income. Dr. Reinhardt believes such a policy, linked up with a sensible health manpower policy, is essential.

Much of the material Dr. Reinhardt presented at the seminar was drawn from his forthcoming book on physician productivity and manpower. Publication of this book will be noted in *Health Manpower Memo* when it becomes available.

A NATIONAL CERTIFICATION SYSTEM IS EXAMINED

A panel discussion of the economies of a national certification system was moderated by Ralph C. Kuhli, director, Allied Professions and Services, American Medical Association, who opened the program by giving a brief background report, definitions of terms which are used and some of the problems to be faced.

The first panelist was Thomas D. Hatch, director, Division of Associated Health Professions, Bureau of Health Manpower Development, HRA, HEW. Mr. Hatch explained that HEW had been concerned with credentialing problems for several years now. In a report by the secretary in 1971 to Congress on licensure and related health personnel credentialing, the department was charged to undertake or initiate the development of a report exploring the feasibility of a national system of certification. This report titled, *"Feasibility Study of a Voluntary National Certification System for Allied Health Personnel"* was issued in March, 1974. The report conceived a national system of certification to be established as a voluntary mechanism at the national level for the coordination and direction of certification practices for selected health occupations. The purpose was not intended to find a means to take over the professional and technical aspects of certification. Instead, he said, it was seen as an effort to provide a focus on certification practices common to all professions, such as overall policy development, logistics, and financing, and to determine whether some kind of umbrella organizational coordination was feasible. The study was conducted by the Institute of Public Administration, a public policy consultant organization in Washington, D.C. The report was to include specific recommendations as to the organizational structure and composition of a body that might be assigned overall governing authorities for the system, and outline steps to achieve most directly the implementation of that plan.

A close working relationship was established with some 25 professional and certifying organizations including clinical laboratory services, dental services, dietetic and nutritional services, respiratory therapy, medical records, occupational therapy, physicians' assistants, and radiologic technology.

They provided information on such areas of major concern in certification as accountability, structure, expansion, financing, research, and the relationship of other forms of credentialing, particularly accreditation and licensure. The final report outlined a series of possible functions and alternative organizational models as well as the various implementation strategy. Some of the functions that were identified as being appropriate for such a system was the establishment of standards for certifying bodies, that is, determining criteria, standards, policies, and roles for certification systems.

The report recommended what was called by the study team, "A Council Certifying Organization for Allied Personnel," with membership to consist of certifying agencies, professional and other health-related organizations. This council was viewed by the report as having a full-time permanent staff varying in size, depending on the functions assumed and the financial resources available.

Alternatives offered included a standing conference concept which would convene periodically on a pre-determined schedule. Or, to initiate a conference approach as a transitional approach to ultimately developing a formal organizational council.

The report emphasized that the implementation of the recommendation should be with the private sector and that the role of the HEW or the government should each provide the means and environment by which this concept could be implemented but that it should not be a governmental activity.

A follow-up meeting was convened in January, 1975, comprising the professional and certifying organizations which had participated in the original study. The general consensus of this conference was that the concept of better communications and coordination among certifying bodies would be useful and should be pursued. There was considerable discussion, however, as to the form and function this should take. A number of questions were raised regarding the soundness of the conclusions of the study, particularly whether it had documented the need for such a national system, and considerable sentiment was expressed regarding the need for additional study and documentation of this aspect.

The conferees recommended and agreed to participate in a follow-up conference and requested HEW to take the initiative in organizing such an effort with planning and staff assistants from the various professions involved. This follow up would further review the issues raised at the initial conference, especially specific functions which might be appropriate and to discuss structure and financing and recommendations for further implementation.

Mr. Hatch explained that at this point HEW had not yet organized the next follow-up meeting, but anticipated this would be scheduled some time this summer.

(Editor's Note: Both the original report and the report on the January meeting are available from Mr. Hatch's office. We will be glad to forward requests directed to the **Memo** *to his attention.)*

The next panelist was Herbert G. Gatzke, director, Bureau of Manpower and Education, American Hospital Association. Mr. Gatzke spoke on some of the problems and concerns of competence which may or might not be resolved by a national organization. The essence of a certification program, is in its ability to demonstrate competence, regardless of what the profession or occupation might be. If the certification program does not demonstrate competence or proficiency, he did not see what purpose it served for the general public. It may, he said, serve a purpose for the people in the occupation, but it really doesn't serve the consumer.

He saw the first test that must be put to a proposal for certification as: what are the requirements to be certified by this organization or by this occupational group? Do the requirements include any measured of proficiency or knowledge, or do they simply include the requirements of a certain length of experience, having attended a certain number of continuing education programs, or short courses, and having three peers say, "He's okay, give him the certificate."

Unless some way is seen of assuring quality in certification programs, Mr. Gatzke saw a proliferation of programs, many of which would be relatively meaningless.

Other problems seen by Mr. Gatzke in certification and licensure was the grandfather clause under which those already certified would remain so while new restrictions would be placed on those requiring such certification.

Mr. Gatzke believes it necessary for programs to provide levels of competency within disciplines as exists in some of the professions now. This will allow employers of health care workers to find people qualified at the level they are needed. This, he said, would be especially true in smaller institutions where the limited number of personnel does not allow for the degree of specialization which is economically feasible in larger institutions.

In terms of economies, he did see areas where there would be savings, such as in record keeping or the developments of good examinations. He saw the main value in a national organization as an assurance to the consumer, the patient and public that certification labels a worker as capable and adequately trained to do the job he is doing.

The next speaker, John P. Smith, president, American Society for Medical Technology, explained that his organization is a national group of clinical laboratory personnel with membership in excess of 24,000. His organization viewed certification as being a process by which the educational qualification and technical competency of individuals are formally recognized by their respective allied health professions. Many of the allied health professions, he explained, have established national certification programs which are conducive to uniform standards across the country.

The absence of a uniform standard certification process has made certification in general both confusing to the public and inefficient as a system. It is inefficient economically too, he said, since in some cases certification is carried out by several certification agencies, each of which may use different entry level qualifications and different terminology which can be used to protect vested interests in the respective professional organizations. Fragmented approaches also hinder developments of clear mobility mechanisms, adversely affecting the geographic mobility or the appropriate distribution of medical practitioners. Moreover, it frequently results in the duplication of efforts and wasted resources which could be invested in programs to evaluate the delivery of medical services to the consumer.

Mr. Smith said the ASMT favors the development of a uniform national certification system with governmental involvement only to the extent necessary to reduce the impact of vested interest. He believes that such a system must provide for: 1) cooperation among the professional organizations of the certified, 2) the certification process to be the sole responsibility of the professional certified, 3) the development of a uniform entry level qualifications by members of the professions certified, 4) the preservation of the independent character of certification activities, 5) the opportunity for states to enact licensure laws with qualifications equal to or better than entry level qualifications, 6) a mechanism to assess continuing competency of practitioners, and 7) a limitation of governmental involvement only to the extent necessary for the establishment of a working model for such a system.

The final speaker was Dene Murray, executive director, American Association of Medical Assistants. The AAMA is a professional organization for medical assistants, who assist qualified physicians in their offices or other medical settings, performing both administrative and clinical responsibilities, delegated in relation to the degree of training and in accord with respective state laws governing such actions and activities. Ms. Murray explained that AAMA, which has been in operation for somewhat less than 20 years, recognized early in its development the need for certification programs. Unlike many organizations which first develop an educational program and secondly a certification program, within the AAMA the certification program came first.

Ms. Murray said also that her organization was a pioneer in what is now known as open entry. In the beginning, she explained, medical assistants had very little formal education, learning what they knew on the job, so that certification programs had to be flexible. At present she said there are over 100 educational programs that are accredited by the AAMA in collaboration with AMA, which combine classroom and clinical experience. Ms. Murray noted that her organization had not been part of the certification study but that they did hope to participate in the next conference. While the AAMA did not have a position as yet on the proposal they did have a very affirmative attitude towards exchange of opinion on standards.

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Edward H. Van Ness, Executive Vice President

Daniel P. Navarro, Editor

LUNCHEON PROGRAM FEATURES AWARDS PRESENTATION

Jan Davidson, Chairperson for the 7th Annual Seminar was cast into a somewhat different role during the luncheon held on Tuesday. At that time she was named the recipient of the 7th Annual Cynthia Warren Award. The "Cindy" was awarded for her outstanding contributions in the Health Manpower field. In presenting the Award, Barbara F. Bloom, director, Division of Career Information, American Hospital Association, last year's recipient of the Award, outlined Ms. Davidson's contributions to Health Manpower Development as President of Indiana Health Careers, Inc.

Ms. Davidson joined the Indiana Health Careers in 1967 as executive director. Among the many programs she has developed are a motivation program which made staff consultants available to schools statewide for classroom and auditorium presentations. In 1968 she developed a program to identify, motivate and place disadvantaged minorities in education and training programs in health occupations and professions and began the first of a series of projects providing services to the disadvantaged.

She was instrumental in forming a basic manpower intelligence system with initial support from the Regional Medical Program which culminated in 1973 in the establishment of a statewide health manpower data bank under the Health Manpower Task Force of Indiana comprehensive health planning. Since 1970, under Jan Davidson's guidance, the Indiana Health Careers has conducted the statewide operation MEDIHC, a program which continues to date. In addition to her busy schedule with Indiana Health Careers, Inc., Ms. Davidson has found time to be active with many health-related programs in Indiana.

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PUBLIC SERVICE CAMPAIGN "STAR" JOINS PANEL DISCUSSION ON MALDISTRIBUTION

Ellen Peach, Nurse Practitioner at the Nampa Community Clinic, Idaho, who will be the spokesperson for the second phase of the National Health Council–Advertising Council Health Careers Public Service Campaign, described her program at the Maldistribution of Health Manpower Workshop. This was one of three concurrent workshops held during the seminar.

The Nampa Community Clinic came into being as a result of a W.K. Kellogg Foundation grant to be used to set up a model nurse practitioner clinic in the Cascade Valley area. One purpose of the clinic was to better define and refine the role of the nurse practitioner and to serve a greater number of the population through the use of nonphysician personnel. At present the clinic has three full time nurse practitioners, two part time practitioners, one medic and two physicians serving three clinics and labor camps. Using a team approach, Miss Peach works with this personnel, plus support personnel, which includes three family health coordinators whose function is outreach and simple family health care. In addition to inpatient care, the staff makes home visits and conducts "under the tree" clinics at the various migrant worker camps in the area.

She described her work at the clinic as not just a job, but rather a total life commitment. By having a team, she said, relief is provided to the clinicians for practice and for calls and has also provided for the need for continuing education opportunities that are so badly needed in this kind of health delivery system.

She feels that the clinics have succeeded because of the emphasis on community participation. Each town has a Community Board elected by the members of the community.

The advertisements in which Miss Peach will appear are scheduled for a fall release. The TV and radio spots, transit and print ads will replace the very popular "Molly Scott" ads, currently being run throughout the United States. The new ads will again stress the personal aspects of health care, and the satisfactions to be gained from them. Miss Peach will be seen in various aspects of her work, such as treating patients and conducting "under the tree" clinics.

Since its inception in March, 1974, the campaign has been one of the most popular public service campaigns cosponsored by the Advertising Council. This is reflected in more than 130,000 individual requests for "200 Ways to Put Your Talent To Work in the Health Field" generated by the campaign, and an estimated $15,098,000 worth of free radio and TV time and newspaper and magazine and transit space.

Other speakers in this workshop included Ellen Sax, research and information coordinator of the Health Manpower Distribution Project of the NHC. She spoke on NHC efforts to influence health professions students to consider scarcity areas of practices, i.e., inner cities and rural areas.

Andrew W. Nichols, M.D., M.P.H. professor, University of Arizona Medical Center saw three basic solutions to the health manpower distribution problem. One is to decrease the demand for health manpower through physical constraints or other artificial constraints. He does not believe this is desirable, but that it is one alternative. The second is to increase preventive health services, and the third is to promote health education. He sees increasing the supply of health manpower as a major issue. This can be done by producing more physicians, by bringing in more physicians, i.e., foreign medical graduates, or increasing the number of ancillary medical personnel to supplement the work of the physician. Dr. Nichols recognizes the problems in each of these alternatives, but sees the greatest hope in the ancillary health personnel approach, and the educational approach.

* * * * *

Subsequent issues of *Health Manpower Memo* will report on other sessions of the Seventh Annual Seminar for Health Manpower Executives. These include: Comprehensive Health Insurance – Its Impact on Services and Manpower; Economics of Minority Health Manpower Development; and, Economic Consequences of Legislation, a discussion of the Health Planning and Resources Act, and other proposed health manpower legislation.

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VOL. 3 NO. 5 MAY 1975

MEDIHC PROGRAM HAILED ON FIFTH ANNIVERSARY OF EFFORT TO PLACE HEALTH-TRAINED VETS

Director Thomas D. Hatch of the Division of Associated Health Professions wired the congratulations of the Public Health Service to 53 offices of MEDIHC nationwide in March, on the fifth anniversary of the program's beginning.

Originated as a pilot program in Texas on March 15, 1970, the program has received more than 50,000 requests for aid from health-trained servicemen returning to civilian life and interested in using their service skills in the health field. Hatch's congratulatory message lauds the directors of state and regional programs for their efforts on behalf of "more than 27,000 veterans whose careers you have furthered."

The latest estimated caseload-status figures, gathered by the office of National MEDIHC Coordinator Alice Frazer on the anniversary date, show that 20,495 of the applicants were successfully placed in health-related positions, more than 12,000 in full-time work and more than 5,000 in full-time education slots. Nearly 6,000 cases are still open, with 840 applicants still awaiting release from service. Non-health placements totaled 5,674.

The five-year history of MEDIHC has seen the development and national recognition of new medical specialties such as physician's assistant and emergency medical technician and the wide-spread interest in challenge-exam certification in technical specialties.

In their efforts to channel militarily-earned skills and education into a nation's civilian health-care network that was hurting for them, the staff of MEDIHC developed strong working relationships with established and newly-formed structures in both the military and civilian sectors. The now-defunct TRANSITION program of the Department of Defense steered many separating servicemen to MEDIHC offices for help in relocation; national health organizations, state health departments and employment services and newly-formed agencies in the civilian sector such as NAB's Jobs for Veterans aided in the placement work. Perhaps MEDIHC's most innovative efforts were in connection with the struggles for recognition of military skills and education in certification in medical technologies and in establishment of allied health curricula in the burgeoning community college system springing up nationwide.

Systemic changes in health care delivery have been a part of the last five years of MEDIHC history, including community health organizations, multiplying new technologies and pre-crisis medical care. The imagination and dedication of MEDIHC staff members have led to their close cooperation with innovative health workers who found vets' military skills tailor-made for new programs in environmental science, trauma networks and the transformation of hospitals from their dual ladder of doctor-nurse-orderly and administrator-records keeper-housekeeper to the present multi-skilled organizations they have become.

An indication of the opening of the health care professions can be seen in a fifteen-month shift in the data of placements in the MEDIHC reports: From March, 1973, to June, 1974, while the proportion of placements in the nursing occupations stayed about the same, around 23%, and educational placements in professional nursing remained at about 12%, professional nursing job placement jumped 10%, reflecting recognition by both the profession and the veteran that they needed each other.

With the flood of post-Viet discharges slowed to a trickle, an increasing unemployment rate in all facets of the country's industry and a shift in the supply-demand ratio of health-care jobs, the MEDIHC staff member today finds increasing need of all the skills the program has developed over the last five years, in working with the military, with health-care providers and with educational institutions.

Indicative of MEDIHC's hard-won coping skills are some further recent statistics from Ms. Frazer's office:

Job and education placements by MEDIHC were up 18% during the first half of Fiscal Year 1975 — jobs up 13%, educational placements 26%. This was in the face of declining national employment figures. Coordinator Frazer, in announcing the data, suggested that the MEDIHC performance reflected more intensive counseling to applicants, increased experience of the MEDIHC staff, greater willingness of health care institutions to accept experienced military personnel, and the willingness of applicants to accept lower-paying jobs.

HAPPY BIRTHDAY TO US!

(A run-down on the latest annual report of the Texas MEDIHC Program, grand-daddy of them all, follows on page 3.)

GLEANINGS FROM THE FIELD . . .

ILLINOIS MEDIHC Director David Wandel has circulated to the state's trauma coordinators and others a five-page position paper in which he squares up to "heated controversy, resistance and apprehension" over the use of para-professionals in health-care; Wandel narrows the use of 'para-professional' to the military medically-trained veteran with whom he is concerned. In sections labeled Supply and Demand, Transferability and Credentialing, Cost, and Career Mobility and the Dead-End Job, he lays out the pros and cons of the hiring of applicants with medical skills learned in the service, and then lists possible directions for dialogue between those in positions to hire, institutions that educate and grant credentials, and himself.

The piece, circulated on stationery of the Illinois Hospital Association, which is contractual sponsor in the state, invites comment on the usefulness of a monthly newsletter, interest in local veteran recruitment days, and cooperative evaluation with schools directed toward opening and closing programs as needs change, and training those needed to fill specific manpower shortages.

In a pre-trial hearing last fall, a MARYLAND veteran who has a Registered Nurse license from California on the basis of service as an Army corpsman and a challenge examination, won the right to sue the State of Maryland to force it to recognize his right to Maryland licensure, as reported in the state's *MEDIC Memorandum*. With the assistance of American Civil Liberties Union Lawyers, Edward Brown, who has retired to Maryland after his Army service, is challenging the right of the Maryland Board of Examiners of Nurses to deny him a license in the state.

The MARYLAND *Memorandum* also points out to its readers their opportunity to study for three Associate and three Bachelors' degrees offered by the New York State Regents' External Degree Program. Programs for the degrees can be put together through combinations of previous credits earned at other colleges, CLEP or other college-equivalency exams, and many life-experience challenge exams or home-study courses.

OHIO's Operation MEDIHC's annual report reports that one year after placement, 90% of their respondents were still in the health field. Sixteen people placed had moved to another state but stayed in the field, and four had re-enlisted.

Tom Hurlburt and his staff have worked since July, 1973, from the Denver office as a truly regional office: HEW REGION VIII, including Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming. According to National MEDIC Coordinator Alice B. Frazer, his caseload has increased by 47% and his placement by 500%.

You can't fight success.

As in any case when a birth is expected and sextuplets appear, some major changes occurred. First, the practice of assigning numbers to applicants was abandoned in favor of names, much to the relief of the employers and to the applicants, who were overjoyed to have names again. Further, whenever an applicant recommendation is made, the applicant is informed, and is expected to follow up the reference.

Hurlburt is the first to admit that counseling difficulties are increased six fold if the licensing and credentialing regulations of six states must be considered in each counseling session, but he's the first to admit that they've learned a lot. First: many MEDIHC applicants have applied to EMT classes and lost out to local residents such as volunteer firemen, rescue teams, etc.

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Edward H. Van Ness, Executive Vice President
Daniel P. Navarro, Editor

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Next: Federally funded programs calling for professional nurses, military corpsmen and hospital administrators have used recruitment programs and placement advertising aimed solely at registered nurses. The Office with six states' worth of muscle is still zeroing in to point out the error of their ways.

Mr. Hurlbut, in his position of protecting the rights of MEDIHC applicants of six states, talks strong. He believes that if the legislators wish to secure qualified registered nurses they should modify their statutes that demand recommendation of the candidate by the faculty to specify that the applicant "be of good character," "graduate in good standing," "have a good stomach," or whatever. He cites the New Mexico licensure law as an example, or to the West Virginia statute that amended the qualifications for five professions at one fell swoop.

From CALIFORNIA, the state with the largest caseload, some talk about individuals:

Stuart K. Rothschild, 32 years of service and about to be separated: an eight-page resume and a family not willing to move one more time. No one in San Diego seemed to need an administrative assistant, but contact with the Los Angeles office opened up a job as Unit Manager of the Cardiology Department, and a satisfactory placement resulted.

From the lost-contact files: Allen Gathercoal, who had been placed as attendant to a paraplegic, called to ask for a substitute to fill in on his days off. He had not forgotten MEDIHC: when his employer asked for referral for a substitute for his off-time, both thought first of MEDIHC.

SERENDIPITY, by definition: Bruce Jay Sharp wandered into the San Diego MEDIHC office on the morning of his release from the Navy after six years' service with no specific plans, no previous knowledge of MEDIHC. After a telephone conversation with an industrial employer, Sharp had an in-person interview, complete with airfare, motel and rent-a-car, followed by hiring with a two-week leave prior to beginning work.

TEXAS' OPERATION MEDIHC REPORTS ON ITS CALENDAR YEAR 1974 OPERATIONS

(In which our intrepid crew survives the demise of TRANSITION, computes that more than 300 service members or vets who received information, counseling or placement from the Texas unit are counted in the caseload of other states, and reports that 6-month and 12-month followup studies find 186 cases whose files had been closed as "lost contact" reporting back, including 101 (54%) who had since entered health jobs and/or educational programs.)

The Texas MEDIHC project was begun by the University of Texas' Health Science Center at Houston, School of Public Health, funded by the Governor's Office of Comprehensive Health Planning for the first 14 months. It then received funding from HEW's Public Health Service, with the present contract extending to June 22, 1975. Since its inception, UT's School of Public Health has provided the services of Project Director Dr. F.M. Hemphill outside the HEW funding, besides other personnel, materiels, equipment and services.

Besides Dr. Hemphill, the Texas MEDIHC staff includes a director of operations, a health career education coordinator, four counselors, a statistician, aide and associate and two secretaries.

In caseload and placement, it has been second highest in the nation over the five-year life of the program, following California.

Texas' 1974 report spotlights the overcoming of major problems for the program, led by the winding-down of the Viet conflict reflected by a drop in separations from the services and the phase-out of the Department of Defense TRANSITION program. Early in 1974, Dr. Hemphill wrote to the commanders of the score of military bases in the state, seeking their help in effecting the continuation of MEDIHC services to their separating personnel in the absence of the DOD program. Many of the bases shifted the responsibility of liaison with MEDIHC to the commander of the base hospital, etc.; in one case, a MEDIHC counselor shifted his office from an Air Force installation to a nearby college situated between two metropolitan areas.

–Changes Emphasis in Locating Applicants–

Faced with a predictable drop in contacts made at the time of separation from the services, the MEDIHC staff made a concerted effort to assure that veterans needing placement assistance after their return to civilian life be aware of MEDIHC services. The Civil Service Commission, state employment veterans' counselors, veterans' organizations and the veterans' counseling offices at colleges throughout the state were contacted to offer MEDIHC services and to identify health-trained vets in need of service. A table reporting counselor caseloads shows the results: service applicants applying in the first six months totaled 147, for July-December 107. Those applying after discharge totaled 171 through June, 361 for the latter half of the year.

–Improves Usefulness of Applicant Roster–

A *Health Manpower Roster* of available applicants and their background is compiled by Texas MEDIHC every three weeks and circulated to about 1,100 health employers throughout the State. While the list of recipients is heavily weighted by hospitals and nursing homes, the market was widened in 1974 by adding new contacts from professional directories, etc., to include medical and dental laboratories and clinics, optical laboratories and clinics, emergency medical services, governmental and social service agencies, and private industry. A telephone campaign to clean the mailing list identified many changes, added additional recipients who held hiring responsibilities and initiated a personal contact between the MEDIHC representative and the agency. Half of the recipients answered a questionnaire included in a May *Roster* issue, indicating that their offices had made use of the information made available: of 52 applicants found and contacted, 49 had been hired.

The format of the *Roster* has previously listed applicants geographically, under the counselor responsible for the area. Future issues will display the candidates for jobs according to their skills, to enable employers to turn directly to the section of immediate interest to them.

–Encourages Acceptance of Military Skills–

In several instances, the state's MEDIHC office was able to aid healthcare suppliers in the development of programs that provided jobs for ex-servicemen candidates.

A hospital nursing director considering the feasibility of instituting a unit management system had the help of a MEDIHC officer in arranging an informational conference with a user of the system, and information from hospitals throughout the country that had begun it. The director chose to implement the system gradually by upgrading current staff, and hired a MEDIHC applicant as the first unit manager.

A letter campaign to ambulance service organizations explaining the MEDIHC program generated many inquiries, and several applicants referred in response were subsequently hired. This is a particularly encouraging job-source for applicants interested in health careers but without specific credentials.

When a hospital contacted MEDIHC about initiating a program to train medics as members of a Surgical Intermediate Care Team, the MEDIHC representative worked through with the personnel and nursing directors until the first eight-member team was hired, all MEDIHC applicants.

–Evaluates Sources of Applicant Referrals–

In compiling the sources from which their applicants had learned of MEDIHC, the staff found that, in a year of shifting sources, 35% of the applicants were referred from military bases, compared with 48% in 1973. Of the 17% who reported they were motivated by advertising, more than half learned of the program through newspapers, with television accounting for one quarter and radio slightly less.

–Followup Studies Prove Valuable–

Texas MEDIHC finds 6-month and 12-month followup studies useful enough to continue their initiation monthly. The 41% response rate on 6-month and 31% rate on 12-month reflect a large proportion of address changes, along with disinterest. Besides the unexpectedly good response from applicants with whom MEDIHC had supposedly lost contact, returns show that of 405 cases closed "successfully" only 89 vets rated themselves in an "unsuccessful" situation after six months, and of 232, just 35 felt their placement "unsuccessful" at the end of a year. (The applicants answering the two questionnaires were not necessarily the same.) Not surprisingly, the respondents to the survey rated the MEDIHC service they had received about as the counselors had judged their cases when closed: "successful" service was judged mostly by the "successful" cases.

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EMERGENCY MEDICAL SERVICE TRAINING GETS $6,700,000 BOOST FROM HEW

About 36,000 health workers will be trained in emergency techniques in programs funded by grants and contracts announced last winter by HEW Secretary Caspar Weinberger.

Two contracts, one for $130,000 to the University of Pennsylvania's Center for the Study of Emergency Health Services and one for $203,000 to the Association of University Programs in Health Administration in Washington, will be used for the training of at least 100 EMS systems planners and managers.

More than $6,000,000 was allotted to 76 grants to institutions in 35 states and Puerto Rico for basic, advanced and refresher level training. About 25,000 emergency medical technicians, 4,000 nurses, 1,200 physicians and 6,000 other EMS personnel will receive the training.

Among the largest grants were these: $310,000 to the Connecticut State Department of Health; $207,000 to the New Jersey State Health Department; $216,000 to the San Juan Health Department; Puerto Rico; $294,000 to the Philadelphia Health Management Corp., Pennsylvania.

Also $262,000 to the Alabama Department of Education; $311,000 to Minnesota's Division of Vocational Technical Education; and $315,000 to the Medical College of Ohio in Toledo.

A.M.A. CONTINUES HEALTH PROFESSIONS EDUCATION AID

The American Medical Association is continuing to give assistance to allied health professions educational programs by co-sponsoring workshops and conferences. According to John Beckley, Ph.D., assistant director, Division of Medical Education, the A.M.A. provides staff for the meetings at no charge. Agenda is determined by the sponsoring organizations, consortia or systems of colleges, who are also expected to provide accommodations, send invitations and attend to other details.

In cases where the areas of concern to be covered at the meetings fall outside A.M.A. expertise, they enlist experts from other national organizations or institutions.

Invitees to the workshops include all hospital and college allied health faculty and administrators from the area to be served. Dr. Beckley said that while most people were aware that the A.M.A. accredits some 25 allied health programs, not many organizations or colleges were aware of other services provided, such as these workshops.

For information on the program, contact Dr. Beckley at the A.M.A., 535 North Dearborn Street, Chicago, Illinois 60610.

PUBLIC HEALTH SERVICE BEGINS CERTIFICATION PROCESS FOR PA'S

A national commission to certify physician's assistants has been set up by the American Medical Association's Education and Research Fund under a contract from the Public Health Service. The first nationally-offered proficiency examination was offered in December, and successful challengers will be allowed to use the term 'certified' in their titles.

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VOL 3 NO 6 SUMMER 1975

ALICE B FRAZER LEADS REDUCED MEDIHC PROGRAM INTO SIXTH YEAR

National MEDIHC Coordinator Alice B. Frazer is shepherding a shrinking MEDIHC Program into fiscal year 1975 as both funding for the individual state programs and the flow of client-veterans slow to a trickle.

Ms. Frazer has been federal officer in charge of the country's efforts to place medic-vets in the civilian health sector since the program began in 1970 with a pilot grant to establish the first MEDIHC program in Texas.

Her efforts have been unflagging in the day-to-day supervision of programs that at one time covered every state and reached separating medics in Europe and the Far East. Hers has been the office that collected the statistics reflecting an innovative effort to direct health skills learned in military service to a civilian sector that needed them desperately.

Ms. Frazer has served variously as a skillful administrator, an inspirational program director, and the supplier of the crying-towel as the needs of the far-flung state and regional directors seemed to demand. Her encouragement and know-how in federalese have added much to efforts to break down the barriers of licensure and credentialism on the national level and to encourage communication between health leaders, educational administrators and professional associations.

The MEDIHC Coordinator has devoted all of her professional life to the public health field, covering much of the world in her career. Beginning as a public health educator in Colorado and New York, she spent five years as health education adviser in Jordan before joining the Public Health Service's Division of Chronic Diseases as health education consultant.

After a stint as area health education director in the Division of Indian Health, Alice Frazer packed her bags again for two years in Vietnam as health education advisor.

She returned to Washington in 1966 as chief of the Health Education Branch in the Division of Indian Health, before moving over as chief of the Education section of the PHS office of Program Planning and Evaluation. Her last pre-MEDIHC position was as health education consultant in the office of information of Health Services and Mental Health Administration.

A native of Binghamton, New York, her degrees are a master's in public health from Columbia University and a bachelor of science from Mansfield State College in Pennsylvania. She is the recipient of the Independence Medal of the Hashemite Kingdom of Jordan and has twice received commendation medals from the United States Public Health Service.

ALICE B. FRAZER

GLEANINGS FROM THE HEALTH MANPOWER SEMINAR

Many old MEDIHC hands were there for rollcall at the Oak Brook Hyatt House, Illinois, in May for the Health Manpower Executive Seminar, and nothing could have made them feel more at home than to have one of their number, Jan Davidson, President of Indiana Health Careers, chairing.

For executives preoccupied with the immediate problems of a shrinking market for the skills they were selling, a trickle compared to the previous flood of clients and a sudden deafness of the former sources of grants, the presentation of the keynote speaker must have been a jolt.

Dr. Uwe E. Reinhardt, Associate Professor of Economics and Public Affairs of the Economics Department of the Woodrow Wilson School of Public and International Affairs at Princeton, laid on them a forecast that jarred their present thinking and seduced them into paths they had not previously mapped.

Dr. Reinhardt took as the base of his forecast the mix already established by the currently-funded admissions to

HEALTH MANPOWER SEMINAR (Contd.)

medical schools, which means, given the rate of retirement, the number of newly-certified physicians and the number of the latter who will go into research, that there will be in the immediate future 15,500 new doctors.

Dr. Reinhardt constructs a couple of models from this: one is an echo of the AMA model, wherein the more doctors you have, the less income, so that there is a distribution of medical care into the areas of poorer care (this from the 1964 Report of the Commission on the Cost of Medical Care).

The second model assumes some sort of control: a constricted market, controlled fees, more sophisticated diagnoses. Dr. Reinhardt showed statistics of areas encompassing New England, Chicago, and the east central states; they showed a positive correlation, in the first two, between physician population and patient fee level; in the east central states, on the other hand, with fewer available office-hour physicians, patient-visits were up, but fees were lower.

Dr. Reinhardt left open the question of proper distribution: he assumed the necessity of regional specialization. But, given that area of specialization, he then constructed a scale on the New England base of number of physicians available compared to the number of visits made. He assumed that with the same productivity as is now current, the nation would need 185 physicians per 100,000 population; if physician-productivity went up just 1%, need per 100,000 population would drop to 151, but if demand for services rose 1%, need would jump to 226 per 100,000 population.

How would delivery of services be performed? The economist presented two models: one the physician alone, the second with physicians' assistants and nurse aides. He worked with a figure of 1.96 PA/RN per MD in his forecasting. Then, using 50 visits per MD hours-per-week, he envisioned 150 visits per week using the services of four PA/RNs, with fewer MD hours: by 1995, he reasoned, physician production bolstered by effective use of four aides could rise by 26%; the per capita visit figure would be 7.5 rather than the current 6.

Dr. Reinhardt posed these questions, however: would the physician effectively task-delegate with these assistants or would the patient find extra services and tests layered on? Can one reliably forecast that a substantial percentage of these 15,500 extra physicians would choose under-serviced areas for practice, where lower fees and higher productivity are found, over high physician-population centers, with attendant high fees and a concentration of other professional people as associates and the cultural advantages of urban centers.

He threw in, as an aid in attacking the above questions, some statistics dealing with what he called the "contribution margin." Assuming the physician's income now averages between $40,000 and $50,000 annually, if he wants $30 per visit hour the average office visit must yield $17.70. If he could hire four aides at $10,000 per year and properly task-delegate, that office visit could come down to $12 and still produce his desired hourly income. But if his four aides cost him $15,000 each annually, his own hourly profit could range from $20 to $40 and the office visit would jump to $23 to $26.

Dr. Reinhardt closed with the expressed hope that national health insurance, which he sees as a given, will have built-in mechanisms to assure remediation of the present maldistribution of health care: a requirement that physician-productivity increase, which may force some of the additional new physicians into practice outside the urban centers.

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National Health Council
1740 Broadway
New York, New York 10019

– *More on Maldistribution* –

Among the concurrent workshops that filled the agenda of the first afternoon of the seminar, one of the more interesting was the one on Maldistribution, since it was composed of professionals who were dealing with it.

Nurse practitioner Ellen Peach described the health-delivery system of her Community Clinic in Nampa, Idaho, consisting of three nurse practitioners, full-time, two part-time workers in the same role, one medic and two physicians. She laid part of the success of their mission to the emphasis on community involvement, which includes training courses for the community representatives who sit on boards in each town, and to family health coordinators, bi-lingual Mexican-Americans with eighth grade educations who receive intensive training in outreach and family health care.

Dr. Andrew W. Nichols, professor at the University of Arizona Medical Center, described the outreach program set up by the University: Mirana, a town of close to 10,000, had no doctors, as compared to more than 600 in Tucson; one measure of the town's need was the infant mortality rate of 40, compared to the 21.3 in Tucson, about the national average. Four years ago, as a cooperative effort of the town and the University, the clinic was established in a 1,600 square foot office; a new clinic now provides 6,000 square feet. The National Health Service funds the physician, nurse and pharmacist on-site; the University sends field professors to the clinic daily with teams of students from medicine, nursing and pharmacology, mans a mobile unit that works from the clinic to satellite centers, and is planning a computer health information system that will be based at the Mirana clinic.

(Continued on Page 4)

NEW MEDIHC OFFICE DIRECTORY

As of June 30 of 1975, funding for the MEDIHC programs in four states ended, namely Alaska, Delaware, Idaho and Virginia. Several other states have become members of consolidated programs. MEDIHC now has 39 programs that cover 45 states and the District of Columbia.

A complete listing of the State MEDIHC Directors and their addresses follows on Page 3.

MEDIHC OFFICE DIRECTORY

ALABAMA:
Mr. Thompson T. Abercrombie
Regional Technical Institute, School of Community and Allied Health Resources
University of Alabama
Birmingham, AL 35294
A.C. 205-934-4194

ARIZONA:
Mr. Gregory Moore
Arizona Hospital Association
4202 East Raymond Street
Phoenix, AZ 85040
A.C. 602-268-3457

ARKANSAS:
Mr. William Yates
University of Central Arkansas
School of Health Sciences
SCA Box 1744
Conway, AR 72032
A.C. 501-329-2931 - X212

CALIFORNIA:
Mr. Salvatore Cruz, Jr.
State Dept. of Public Health
714 P. Street
Sacramento, CA 95814
A.C. 916-322-6580

COLORADO:
Mr. Thomas Hurlburt
Colorado Hospital Association
2140 S. Holly Street
Denver, CO 80222
A.C. 303-758-1630

CONNECTICUT:
Mr. Henry J. Miller
State Health Department
79 Elm Street
Hartford, CT 06115
A.C. 203-566-3225

DISTRICT OF COLUMBIA:
Dr. Harry Hantzes
D.C. Manpower Administration
500 C Street, N.W., Room 215
Washington, D.C. 20212
A.C. 202-393-6151 X313

FLORIDA:
Mr. William Berard
Department of Commerce
800 Twiggs Street, Rm. 203
Tampa, FL 33601
A.C. 813-223-6244

GEORGIA:
Mr. James L. McLeod
Division of Student Affairs
Medical College of Georgia
Augusta, GA 30902
A.C. 404-828-3471

HAWAII
Mr. Richard Nagata
Comprehensive Health Planning
State Health Department
P.O. Box 3378
Honolulu, HI 96801
A.C. 808-548-4052

ILLINOIS:
Mr. David Wandell
Illinois Hospital Association
840 N. Lake Shore Drive
Chicago, IL 60611
A.C. 312-325-9040

INDIANA:
Mr. Terry Jinks
Indiana Health Careers, Inc.
2905 N. Meridian Street
Indianapolis, IN 46208
A.C. 317-923-3625

IOWA:
Mr. Rogers Ries
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319
A.C. 515-281-5771

KANSAS:
Mr. Larry K. Shaffer
Kansas Hospital Education Foundation
P.O. Box 417
Topeka, KA 66601
A.C. 913-234-9592 X217

KENTUCKY:
Mr. William Bright
Department of Human Resources
Bureau of Manpower Services
State Office Building Annex
Frankfort, KY 40601
A.C. 502-564-5331

LOUISIANA:
Ms. Bertha Ring
Louisiana State Hospital Association
2026 St. Charles Ave., Suite 701
New Orleans, LA 70130
A.C. 504-525-9833

MAINE:
Mr. Robert Emerson
Maine Dept. of Manpower Affairs
Employment Security Commission
20 Union Street
P.O. Box 309
Augusta, Maine 04330
A.C. 207-289-3431

MARYLAND:
Mr. Tom E. Moses
State Dept. of Hlth & Mental Hygiene
201 W. Preston Street
Baltimore, MD 21201
A.C. 301-383-4046

MASSACHUSETTS:
Mr. Craig L. Magnuson
Massachusetts Hospital Association
5 New England Executive Park
Burlington, MA 01803
A.C. 617-272-8000 X229

MICHIGAN:
Ms. Delores A. Hazely
Bureau of Manpower Services, MESC
7310 Woodward Avenue
Detroit, MI 48202
A.C. 313-872-4900 X528

MINNESOTA:
Ms. Barbara Kalmer
Dept. of Employment Security
390 North Robert Street
St. Paul, MN 55101
A.C. 612-296-3680

MISSISSIPPI:
SAME AS ALABAMA

MISSOURI:
Dr. Lynn Martin
University of Missouri
429 Clark Hall
Columbia, MO 65201
A.C. 314-882-3021

MONTANA:
SAME AS COLORADO

NEBRASKA:
Mr. Michael Wight
Lincoln Building
State Health Department
1003 "O" Street
Lincoln, NB 68508
A.C. 402-471-2101

NEVADA:
Ms. Diane E. Trump
Nevada Hospital Association
1450 East Second Street
Reno NV 89502
A.C. 702-322-6905

NEW HAMPSHIRE:
Ms. Elizabeth Natti
New Hampshire Health Careers Council
61 South Spring Street
Concord, NH 03301
A.C. 603-224-5061 or 271-2775

NEW JERSEY:
Mr. Thomas Gallagher
The Hospital Research & Educational Trust of New Jersey
1101 State Road, Rich Park
Princeton, NJ 08540
A.C. 609-924-4125

NEW MEXICO:
Mr. Clayton Cox
New Mexico Hospital Association
3010 Monte Vista Blvd., N.E., Suite 208
Albuquerque, NM 87106
A.C. 505-265-3686

NEW YORK:
Mr. John Meany
Veterans Health Manpower Center
New York State Department of Health
Tower Building
Empire State Plaza
Albany, NY 12237
A.C. 518-474-5058

NORTH CAROLINA:
Mr. Dale Canup
Office of Community Health Service
East Carolina University
Box 2772
Greenville, NC 27834
A.C. 919-758-6649

NORTH DAKOTA:
SAME AS COLORADO

OHIO:
Ms. Monica Brown
Health Careers of Ohio
P.O. Box 5574
Columbus, OH 43221
A.C. 614-422-9566

OKLAHOMA:
Mr. Floyd Nicholson
Oklahoma Health Planning Commission
4901 N. Lincoln Blvd.
Oklahoma City, OK 73105
A.C. 405-521-3824

OREGON:
Mr. William Bober
Employment Division
402 Labor & Industries Building
Salem, OR 97310
A.C. 503-378-8465

PENNSYLVANIA:
Ms. Evan Porter
Hospital Education and Research Foundation of Pennsylvania
P.O. Box 608
Camp Hill, PA 17011
A.C. 717-233-7621

RHODE ISLAND:
SAME AS MASSACHUSETTS

SOUTH CAROLINA:
Mr. Joseph Seggars
Office of Comprehensive Health Planning
2600 Bull Street
Columbia, SC 29201
A.C. 803-758-5537

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MEDIHC OFFICE DIRECTORY (Contd.)

SOUTH DAKOTA:
SAME AS COLORADO

TENNESSEE:
Mr. Sam Ragsdale
State of Tennessee
Dept. of Public Health
360 Capitol Hill Building
Nashville, TN 37219
A.C. 615-741-2978

TEXAS:
Ms. Letha Aycock
School of Public Health
P.O. Box 20186, Astrodome Station
Houston, TX 77025
A.C. 713-792-4461

UTAH:
SAME AS COLORADO

VERMONT:
SAME AS NEW HAMPSHIRE

WASHINGTON:
Mr. Melvin Kvidt
State Employment Security
P.O. Box 367
Olympia, WA 98504
A.C. 206-753-5212

WEST VIRGINIA:
Mr. Terry Barron
Dept. of Employment Security
4407 MacCorkle Avenue
Charleston, WV 25304
A.C. 304-348-7857

WISCONSIN:
Mr. David C. Danhouser
Wisconsin Health Council, Inc.
330 East Lakeside, Box 1109
Madison, WI 53701
A.C. 608-257-6781

WYOMING:
SAME AS COLORADO

HEALTH MANPOWER SEMINAR (Contd.)

–Significant Minority Programs–

A late-afternoon plenary session on the role of ethnic minorities in the health-delivery system saw a presentation by Alice Green, Director of Development for the planned medical college at Morehouse College, Atlanta. Ms. Green sketched a medical education program that would provide a two-year sequence in basic medical sciences that would allow students completing it placement in the third-year class of a clinical medical school. The aim of the program is to provide more physicians from poor and minority backgrounds; it is planned as an innovative institution that will have a competency-based curriculum. This will be the philosophy in recruitment of students, and there will be heavy emphasis on motivation, the social sciences and humanities in the curriculum.

Dr. DeWitt Baldwin of the Health Sciences Program of the University of Nevada at Reno then described their program of integrating the curriculum of all members of the health team. "Since professionally these people will be working as a team, the group should be educated in the same way . . . the students will be mixing as professionals; (therefore) they should mix in the educational process." Among the health-field team players Dr. Baldwin mentioned were the patient, the primary-care physician, the community health nurse, the social worker, the clinical psychologist, the nutritionist, the medical pathologist, the physical therapist and the health educator.

–Other Tidbits of the Two-Day Seminar–

In discussing the Future of Health Manpower, Dr. William H. Knisely, Assistant to the Chancellor for Health Affairs in the University of Texas System, reported that the Texas Legislature was then in the process of completing a bill that would demand that 20% of the entering class of medical students agree to practice in towns of 5,000 or less population or rural areas, with a $100 per month stipend for those who so agreed.

A conference participant from Illinois expressed his observation that the current malpractice-suit imbroglio had driven far more medical students to plan general practice; he saw this as an immediate, maybe panic reaction, but thought it significant as a solution to maldistribution.

An Indiana spokesman reported that a crisis in health care for the state's prisons had been averted by the hiring of physician's assistants to provide health care where the salaries offered did not attract physicians.

Henry Miller, director of the Connecticut MEDIHC program, suggested the following in reply to discussion of the difficulty of correcting maldistribution of services by legislative fiat: that a para-military setup along the lines of the Officer Corps of the Public Health Service be aimed at areas of shortage. Another suggestion from Miller: contracts that offer medical school support in return for six-to-ten years of service where the graduate's skills are needed.

Panelists agreed in response that the 'small and immature' National Health Service Corps could be expanded for that purpose, if Congress were alerted to the need.

Effective with this issue "Operation MEDIHC" will discontinue publication. News of MEDIHC activities will appear in the National Health Council's "Health Manpower Memo" which you will continue to receive.

NHC bulletin to members

SEPTEMBER, 1974

NATIONAL HEALTH COUNCIL, INC.

Reorganization Under Way; Talent, Experience Mark Additions to NHC Staff

Following through with its previously announced reorganization program and attendant commitment to increased services, the NATIONAL HEALTH COUNCIL in recent months has added nine new members to its professional staff, nearly doubling its former size.

The appointments include Pauline Miles, assistant vice president for program and planning; David C. Simmons, assistant vice president for management and development; Barney Sellers, director of government relations; Richard L. Earl, director of public affairs; J. Richard Connelly, director of organizational relations; E. Dale Shields, forums coordinator; Daniel P. Navarro, manpower materials consultant, Donald J. Merwin, project director for the National Center for Health Education study (see story in this issue), and Terrylynn Smith, NCHE project research assistant.

In addition, Barbara A. Northrop, former forums coordinator, has been appointed a staff associate assigned to the NCHE project.

Most of the staff augmentation was made possible primarily through three-year grants received from the Robert Wood Johnson Foundation ($250,000), the W. K. Kellogg Foundation ($250,000) and the Commonwealth Fund

[Continued on following page]

Manpower Project Gets New Two-Year Contract

The NATIONAL HEALTH COUNCIL has been notified by the Bureau of Health Resources Development of a two-year extension of the contract for the Manpower Distribution Project. Budget for the period July 1, 1974-June 30, 1976 totals $398,884. Goal of the project is to find the most effective ways to encourage students now in training for the health professions to practice in shortage areas—rural and inner city—after graduation or completion of training.

The project includes the development of demonstration projects to test different

[Continued on last page]

Council Assumes Planning Responsibility For National Health Education Center

A detailed plan for the establishment of a National Center for Health Education is being developed by the NATIONAL HEALTH COUNCIL. In April, Dr. Robert C. Long M.D., NHC president, accepted on behalf of the COUNCIL a $259,816 contract from the U.S. Department of Health, Education and Welfare to pursue the project. The contract is for a one-year period, commencing May 24, 1974.

Representatives of NHC member agencies convened in New York on June 14 to review and comment on the project. The day-long session included briefing, question and discussion periods.

Subsequently, in July, Donald J. Merwin, former associate executive secretary of the New York State Health Planning Commission, was appointed project director.

The creation of a private national consumer health education center was the principal recommendation in a report submitted by the President's Committee on Health Education. President Nixon accepted the committee's report last September and immediately asked DHEW for a federal action plan in response.

In its report, the President's Committee stressed that such a center is needed "to stimulate, coordinate and evaluate health education programs." The report further stated that the overall objective of a national center would be "to improve the health of the American people through health education. It would approach that goal by continuing and vastly expanding the work of the committee in determining exactly what is being done now in health education; how well it is being done; how more can be done; and how what is done can be made to deliver results."

In developing a plan for the design and implementation of a national center, the NHC will include short-term and long-range objectives and functions, an organizational structure, sources of funding, and a range of participants (contributors to and users of the center). The COUNCIL will solicit input from its nearly seventy member organizations as well as from a broad spectrum of health and educational organizations, groups and individuals. Among those to be contacted will be educational institutions; health, education

[Continued on last page]

U.S. Senator Herman E. Talmadge of Georgia will deliver keynote address at the Atlanta forum, Sunday evening, September 8.

Regional Health Forums In Atlanta, San Francisco

In answer to requests from both the NHC Board of Directors and participants at the 1974 National Health Forum, the COUNCIL this year for the first time will sponsor regional health forums. The initial gathering, the Southern Regional Health Forum, will be held at the Atlanta Sheraton-Biltmore, September 8 through 10. Subsequently, from December 1 through 3 the Western Regional Health Forum will be held in San Francisco.

Created to allow additional debate on issues raised at the national forums and patterned in large measure after the format of the national meetings, the regional forums nevertheless are designed primarily for state and local health policy makers in specific sections of the country. Participants at the Southern Regional, for example, will come from thirteen states.

[Continued on last page]

Talent, Experience Mark Additions to NHC Staff

(Continued from front page)

($100,000). However, personnel assigned to the National Center for Health Education project will be supported by a $280,000 contract awarded by the U.S. Department of Health, Education and Welfare.

Prior to joining the NHC, Mrs. Miles was associate executive secretary of the New York State Health Planning Commission. Principal among her duties in five years at the commission were the selection, supervision and evaluation of professional staff in the area of health resources planning. From 1955 until 1969 Mrs. Miles held several posts with the New York State Department of Social Services, also in New York City. She served successively as a medical social work intern, medical social services representative and senior medical social services representative. In this last position she supervised the administration of the medical care aspects of the Medicaid program in a nine-county suburban area.

A graduate of Hunter College with a bachelor's degree in sociology and psychology, Mrs. Miles was awarded a master of social work degree from Columbia University in 1956. She is a member of the American Public Health Association, the Medical Committee for Human Rights and The National Association of Social Workers. Also, she is a member of the board of the American Association for Comprehensive Health Planning. Her responsibilities at the NHC will involve supervision of all program areas.

A veteran of more than twenty years in the health field, Simmons has specific experience in the areas of installation theory, hospital administration and community health center administration. Most recently he was a clinical associate in the department of community medicine at the Boston University School of Medicine and lecturer on psychiatry at Harvard University.

From 1969 until 1973 Simmons served first as an administrator, then project director, for the Roxbury Comprehensive Community Health Center in Boston. A succession of similar executive positions in Chicago and New York preceded his work in Boston, notably as assistant to the president for administration, Presbyterian St. Luke's Hospital, Chicago; administrator for the Mile Square Health Center, Chicago; and administrative assistant for ambulatory services, Long Island Jewish Hospital, Jamaica, New York.

As the COUNCIL's assistant vice president for management and development he will have overall responsibility for office operations and support services.

Sellers served formerly as a deputy director of Medicaid's Child Health Program in the U.S. Department of Health, Education and Welfare in Washington. There he involved management of Medicaid's top priority program, one designed to make preventive health services available to the nation's 13,000,000 welfare eligible children. Prior to joining the Child Health Program in 1971, he was director of special projects for the National Urban Coalition, also in Washington. Sellers has also worked as a human relations consultant and in a variety of executive capacities for the A. Philip Randolph Institute, H.E.W.'s Office of Civil Rights and the U.S. Commission on Civil Rights, among other organizations.

NATIONAL HEALTH COUNCIL
1740 Broadway
New York, N.Y. 10019
Telephone: (212) 582-6040

President: Robert C. Long, M.D.
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A 1963 graduate of City College of New York, Sellers holds a master's degree in political science from Syracuse University. In his new assignment he will continue to be based in Washington, where he will represent the COUNCIL's interests in all aspects of federal government relations.

A former magazine editor and publisher, Earl has a combined corporate, military and institutional public affairs background. He has worked for several metropolitan Philadelphia newspapers, the Sun Oil Company public relations department and, most recently, in the department of alumni relations at Rutgers University. A veteran of four years' ac-

Pauline Miles

David C. Simmons

Barney Sellers

Richard L. Earl

J. Richard Connell

tive duty in the U.S. Navy, he is currently a lieutenant commander in the Naval Reserve.

As editor of the Rutgers Alumni Magazine, Earl won several major writing and editing awards. In 1972-73 he published a leisure magazine in New Jersey. A 1962 graduate of Rutgers University, he has completed credit requirements for a master's degree there. At the NHC Earl will direct publications and public affairs activities.

Connelly for nearly twenty-five years was the executive director of the American Diabetes Association in New York City. In fact, his tenure with the voluntary health agency covered nearly the entire period of its growth and development. From a staff of four and annual income of $76,000 in 1949, Connelly guided the association to a national and affiliate income of $3.5 million in 1973 and a headquarters staff of forty. A veteran of World War II, he was from 1946 through 1949 the assistant executive director and secretary of the Medical Society of the District of Columbia.

He has served on the board of directors of the National Health Council and for fifteen years was a member of its House of Delegates. A graduate of American University, Connelly is a member of numerous professional and fraternal organizations, notably the American Public Health Association, the President's Committee on Employment of the Handicapped and the American Association of Medical Society Executives.

For the National Health Council, Connelly will be responsible for the ongoing relationships between the NHC and its seventy constituent organizations.

Shields since 1972 was the assistant development director at Girls Clubs of America, a national non-profit youth organization in New York City. From 1960 until 1971 he held two positions with the Foreign Policy Association, first as executive assistant to the director of meetings and, subsequently, as associate director of development. An Air Force veteran, Shields attended James Milliken University and is a graduate of the American Theatre Wing. At the NHC he will be responsible for planning, organization and supervision of all national and regional meetings sponsored by the Council.

A former associate in public relations at the American Lung Association, Navarro served previously as community outreach coordinator at Lenox Hill Hospital, New York City, and as assistant manager of community relations at the Prudential Insurance Company in Newark. From 1966 until 1968 he was an editor at the National Association of Broadcasters in New York City. Prior work experience included business positions with three advertising agencies, most recently that of assistant print buyer for Doyle Dane Bernbach, Inc. A 1956 graduate of San Francisco State College, Navarro will be assigned to the health planning and manpower section of the Council.

Merwin since 1970 was with the New York State Health Planning Commission, first as chief health planner, subsequently as associate executive secretary. In this latter post he was responsible for the development of the state's comprehensive health plan as well as direction of the agency's health manpower planning activities. Previous professional experience included posts as director of administrative services for the Jewish Board of Guardians (1962-1968) and director of community relations for the New York City Youth Board (1955-62). During the early Fifties Merwin was an assistant producer of Edward R. Murrow's daily radio program, *This I Believe*.

A former freelance writer and health and welfare agency consultant, Merwin has lectured at numerous New York area colleges and universities. Currently, he is a faculty member at the Institute for Child Mental Health, New York City. A 1950 *cum laude* graduate of Williams College, he earned a master's degree from Sarah Lawrence College and is a doctoral candidate at the New York University Graduate School of Public Administration.

A member of numerous health-related professional organizations, Merwin will have overall responsibility for the Council's proposal project for the establishment of a National Center for Health Education.

Merwin's chief associate on the NCHE study will be Miss Northrop, who joined the Council in November, 1973, as forums coordinator. A veteran of more than a dozen years in the health field, she is a former public health advisor for the Public Health Service as well as staff associate, project planning, for the American Public Health Association. Miss Northrop received a bachelor's degree in political science, *cum laude with honors*, from Bryn Mawr in 1960.

Also assigned to the NCHE project will be Miss Smith. A former intern at the New York State Health Planning Commission, she is a recent graduate of the State University of New York at Stony Brook, where she majored in community school and mental health.

Dave Shields

Daniel P. Navarro

Donald J. Merwin

Barbara A. Northrup

Terrylynn Smith

Council Assumes Planning Responsibility

[Continued from front page]

and other interested professional associations and voluntary organizations; government agencies; public media; private foundations; consumer groups and labor organizations; and business, industry and insurance carriers. Input will be assured from these groups through a series of conferences, mail surveys and questionnaires, study groups and consultations. A policy committee broadly representative of the above groups is currently being formed.

In addition to Merwin as director of the center plan development effort, the project staff includes Barbara A. Northrop, staff associate, formerly forums coordinator for the NHC, and Terrylynn Smith, research assistant. Assistance is also being given this summer by Robert L. Antin and Patrick J. McCann, interns from the Sloan Institute of Hospital Administration and Medical Care, Cornell University.

The completed plan for the establishment of the national center is to be submitted to DHEW by May 25, 1975. □

Regional Health Forums

[Continued from front page]

including Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia and West Virginia.

For the Western Regional, current plans call for representation from a comparable number of western states. The San Francisco meeting will examine further the theme of the 1975 National Forum in Chicago: "The Changing Role of the Public and Private Sectors in Health Care."

In like fashion, The Southern Forum will consider "Developing a Community Health Care Strategy for Children and Youth," a follow-up to the topic examined at the national meeting in Boston last March: "Public and Private Responsibility for Health Care Under Age Twenty-One—Where Are We? Where Do We Want To Be? How Do We Get There?"

Discussions at the Boston meeting underscored the need for a comprehensive national strategy to meet the health requirements of children and adolescents. Accordingly, forum participants called upon the NHC to promote continued interest by placing the subject before state and local health policy opinion leaders through a regional forum.

Dr. Robert C. Long, NHC president, says that "there can be little doubt that social and technological change during this decade will impact on the development of health services in this country. As we undergo this change it's vital that we develop a shared sense of goals and priorities. The development of this common commitment will not be an easy task. There will be many legitimate differences of value, opinion and perspective to be debated concerning national health issues."

"In these debates," Dr. Long continues, "there is a danger that concern with rationalizing the system per se will take priority over concerns with outcomes. For this reason, it is especially timely that we consider health care under age twenty-one: Where we are; where we want to be; and how we get there—in light of emerging and potential trends for the future."

To this, the 340 participants at the March forum agreed that first priority should be given the health needs of the under age twenty-one population; that a national comprehensive health planning process should be developed; that priority should be given to strengthening existing public health programs to make them more effective and accessible to the presently eligible populations; that a statutory organizational unit should be established within the federal government charged with the responsibility for promoting, coordinating, and evaluating all components of national official health programs concerned with the health care of children and youth; and that the NATIONAL HEALTH COUNCIL should involve its member agencies and other related organizations in the development and advocacy of detailed policy recommendations.

Hopefully, the Southern Regional Forum will further develop these national policy recommendations. The forum will convene on Sunday evening with a reception, followed by dinner and keynote address by U.S. Senator Herman E. Talmadge (D-Georgia), chairman of the Senate Finance Committee's influential Subcommittee on Health. Monday, September 9, will be devoted to discussion workshop meetings and a luncheon address. Subsequently, on Tuesday morning, the workshop findings will be summarized and presented to the general session for adoption.

Like their national counterpart, regional forums are invitation-only meetings, open to members of the NATIONAL HEALTH COUNCIL and to those nominated by member agencies.

Chairman of the forums planning committee for the NHC is Richard C. Brockway, former chairman of the Medicare Project, National Academy of Public Administration, New York City. Consultant for the Southern Regional Forum is Jacqueline Zaslow, government relations director, National Cystic Fibrosis Research Foundation, Atlanta. Dale Shields of the NHC staff serves as forums coordinator. □

National Advertising Campaign Elicits Substantial Response

Since its kick-off in March, the COUNCIL's ad campaign, "Put Your Talent to Work in the Health Field," has prompted more than 30,000 requests for information on health careers.

In national magazines such as *Reader's Digest* and *Esquire* and on network television, ads offering a free booklet listing 200 career choices in the health field have been seen by millions of Americans.

Co-sponsored by the Advertising Council, the three-year campaign is supported by member and non-member organizations, with an estimated $24-million worth of free time and space donated by the media as a public service. □

Manpower Project Contract

[Continued from front page]

methods of influencing students to practice in areas of greatest need. Eight demonstration projects are now being carried out in eight different states—rural projects in Arizona, Arkansas, Georgia, Kentucky, Maine and Texas; and inner city projects in Cincinnati and New Orleans. Three projects are funded with a $125,000 grant the NHC received from the Office of Education. The other projects are funded by private foundations, Regional Medical Programs, and HEW Regional Offices.

The project also includes conducting regional workshops for students, faculty and deans of schools of the health professions. These are designed to give students information concerning opportunities to practice in shortage areas and to provide faculty and deans with resource information about projects, programs and special courses at other colleges and universities which they can duplicate or utilize in their own programs. Three regional workshops were held last spring and four more are planned next spring.

A third major activity of the Manpower Distribution Project is the compiling and disseminating of data and information on shortage areas and incentives now being used to encourage students to practice in these areas. The NATIONAL HEALTH COUNCIL acts as a clearing house for such information and periodically prepares and distributes publications on health manpower distribution. □

NHC bulletin to members

FEBRUARY, 1975

NATIONAL HEALTH COUNCIL, INC.

Council Program Activities, Services To Reach Record Level During 1975

BY THE END OF JANUARY, staff work had begun on the major portion of some fifty-five COUNCIL projects—thirty-three of them direct services to members—which, altogether, make up the NHC's program for 1975.

The Board of Directors approved the unprecedented number of program activities —more than double that of any previous year—in December, following months of discussion, deliberation and planning on the part of the Board, staff, standing and special committees.

Half of the direct services are new activities; a quarter of them are expanded projects, while the remaining are continued in nature and scope from past years. No direct services have been dropped.

New membership services are most apparent in the areas of government relations, membership development, public affairs, continuing education and health manpower.

Regarding government relations, specific activities either under way or soon to be initiated at the COUNCIL's new Washington office are: Producing and distributing public policy issue papers, monitoring and reporting on health legislation, participating in federal health policy development, publishing a series of practical handbooks for membership use and developing a feasibility study on a health group seminar.

The policy papers will assess the significance of legislative and or executive health policy issues having an impact on NHC membership. At the same time, COUNCIL staff will represent member interests, particularly with regard to tax reform legislation. Other no less important input will be directed to the development of DHEW's Forward Plan Process, the federal government's mechanism for development of health policy.

In addition, the COUNCIL's Washington office is producing a series of practical handbooks on governmental structures and processes impacting on NHC members. The first—a directory of government relations staffs of major national health organizations—and second—a guide to lobbying for 501(c)(3) health organizations—are already available. Also planned are health-oriented handbooks describing the federal legislative process, the federal grants and contract awards process, and executive agency policy development.

Staff is also looking into the feasibility of bringing together on a regular basis health agency government relations staffs and executive agency personnel.

In the area of membership development, the COUNCIL now offers a Participating Agency Review Program (PAR), an in-depth, self-examination process designed for national voluntary health agencies. Using NHC membership criteria as guidelines, the self-study includes a peer review site visit by a COUNCIL-appointed team of experienced administrators. The Epilepsy Foundation of America—the first NHC member organization to participate in the PAR process—completed its examination this month.

Interaction between new and present COUNCIL members will be another 1975 development activity of primary concern to COUNCIL staff. New member integration, in particular, will be pursued by fostering involvement in COUNCIL activities, solicitation of program suggestions and regular consultation.

Continued on last page

Health Education Center Project Gains Momentum

The NATIONAL HEALTH COUNCIL's effort toward developing a detailed plan for a national, private, consumer health education center is on schedule and more than halfway toward completion. The NHC developmental project is being funded by a quarter-million-dollar contract with the U.S. Department of Health, Education and Welfare. A final report is due this spring.

Last fall, the NHC convened a twenty-three member policy committee to provide guidance for the project. Heading the group is Arthur C. Nielsen Jr., president of A. C. Nielsen Company, Chicago, market research firm for television and other industries.

Vice chairman is Jeannette J. Simmons, D.Sc., associate professor at the Harvard School of Public Health.

Committee members include Paul S. Archambault, director of the division of materials development, American Heart Association; Henry Arnsdorf, vice president for public relations and advertising, Prudential Insurance Company; Howard J. Berman, vice president, health care services, Blue Cross Association; E. Leon Cooper, M.D., vice president, Resource Planning Corporation; Marguerite de la Vega, acting director of health education, The

Continued on last page

Dr. Jeannette Simmons and Arthur Nielsen with Project Director Donald Merwin

Mendel Retirement, Three Appointments Among Staff Changes

COUNCIL staff personnel changes of import in recent months include the retirement of Leviticus B. Mendel, associate director; the resignation of A. Jack Grimes, director for membership, and the appointments of James J. O'Malley as assistant vice president for management and development, Peggy Ann Dashiell as coordinator for continuing education and Madeline T. Kerman as conference coordinator in the manpower distribution project.

Mendel retired on October 4 following sixteen years as the COUNCIL's associate director. A veteran of thirty-five years in the health field, he is best known for his work in developing the manpower and continuing education programs of the COUNCIL.

Mendel currently is serving as a part-time consultant to NHC staff.

Grimes, who spent thirteen years at the COUNCIL, leaves to join The American Institute of Biological Sciences, a national, nonprofit, scientific and educational organization based in Rosslyn, Virginia. He will head that organization's new department of public responsibilities.

As the COUNCIL's director for membership, Grimes developed a working relationship with member organizations as well as federal health-oriented agencies. For many years, he coordinated NHC annual forums and was instrumental in publishing the uniform *Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations*.

O'Malley joined the COUNCIL in December, replacing David C. Simmons, who resigned. Until his NHC appointment, O'Malley was deputy director of the New York State Office for the Aging, a state agency concerned with programs and services for nearly 3 million New Yorkers aged sixty and over. He joined the Office for the Aging as a community consultant in 1961—the year it was created—serving subsequently as assistant administrator, assistant deputy director, deputy director and, for one year, acting director.

Among other accomplishments at the Office for the Aging, O'Malley supervised all activities in connection with the 1971 White House Conference on the Aging and originated the idea for an annual Governor's Award to the "Senior Citizen of the Year."

A 1958 graduate of De Paul University, he has done graduate work in English at Columbia University. A former Army officer, O'Malley holds membership in the National Council on the Aging, Gerontological Society, and the New York State Welfare Conference.

James J. O'Malley

Miss Dashiell came to the COUNCIL from Arthur Young & Company, New York City, where she was an education methods consultant. From 1970 until 1973 she was a freelance education and training consultant, performing consultative services for First National City Bank, Bell Telephone Laboratories and AT&T, among other clients.

A graduate of the University of Maryland, Miss Dashiell holds an M.B.A. from New York University Graduate School of Business Administration.

Ms. Kerman, a doctoral candidate at the Rutgers University Graduate School of Education, joined the COUNCIL in mid-September. Her duties as conference coordinator for the Manpower Distribution Project include planning and conducting workshops and conferences for students and faculty at schools of health professions. The purpose of these meetings is to encourage students to practice in rural and inner city areas—where health manpower needs are greatest—following completion of training. These sessions also provide faculty with resource information on programs at other universities where graduates are similarly encouraged to practice in scarcity areas.

A 1963 graduate of New York University, Ms. Kerman received a master's in education from Rutgers in 1973. Prior to joining the NHC staff she was an administrative assistant in the New Jersey Department of Education, working on a performance evaluation project. Previously, Ms. Kerman held several full- and part-time teaching positions in the Garden State, including a teaching assistantship at Rutgers. □

NATIONAL HEALTH COUNCIL
1740 Broadway
New York, N.Y. 10019
Telephone: (212) 582-6040

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"Volunteerism" Fair Scheduled for 1976

Executives of NHC voluntary agencies are encouraged to contact the National Center for Voluntary Action (NCVA), Washington, D.C., to offer ideas on the role of "volunteerism" during the country's forthcoming bicentennial celebration.

A meeting at NCVA on November 22, 1974, of fifty voluntary agency representatives—including several COUNCIL members—elicited three proposals for highlighting volunteerism during the bicentennial year. The first calls for a series of regional conferences on issues of concern to grass roots volunteers. The second proposes a Washington-based "volunteerism fair", consisting of exhibits stressing the role of volunteers in American society. The third proposal, although less specific, involves a low-key, continuous, national campaign—including poster contests, museum exhibits, etc.—designed to promote the positive nature of voluntary action.

The volunteerism fair in the nation's capital elicited the most support at the meeting. According to the discussion, the fair probably would take place during the spring and summer of 1976, most likely on the open spaces near Washington's Tidal Basin. Featured would be an exhibit center for organizations engaged in voluntary activities as well as an adjacent arena for discussions and workshops.

Comments should be directed to Ms. Jill Ruckelshaus, National Center for Voluntary Action, 1785 Massachusetts Ave., N.W., Washington, D.C. 20036. □

"Real Restraint" Marks Future Federal Spending

THE ADMINISTRATION'S proposed 1976 budget, released on February 3, as expected, has set the health industry back with a series of proposals clearly meant, in Secretary Weinberger's words, to secure "real restraint in the growth of federal spending." In current dollars, total federal health spending will reach an all-time high of $37.7 billion. About $24.5 billion of this total is expected to come from the main financing programs, Medicare and Medicaid. Although increases in program support are limited, the new budget does ask for added funds for Indian health services ($41 million), PSROs ($14 million), occupational health ($4 million), community drug abuse programs ($16 million), health statistics ($4 million), and special grants for medical schools ($27 million). (These and other facts were detailed in an NHC memo to members on February 3.)

Within HEW, however, where the bulk of federal support lies for civilian health programs, the picture is not good. Budget levels and priorities developed by HEW's Assistant Secretary for Health Charles Edwards were not followed by the White House, and reportedly contributed to Edwards' decision to leave his post this past February 1. Major programs under Edwards' jurisdiction, coupled with developmental disabilities and rehabilitation services administered elsewhere in HEW, show a drop of $526 million in the proposals. Moreover, on January 30, the President sent to Congress a long list of rescissions which could ultimately curtail about $1 billion in HEW health expenditures for 1975.

Impact of the budget proposals is very difficult to gauge now because much of both current and future changes depend on imponderables, including the effect this year of the Budget and Impoundment Control Act of 1974. Administration budget policy appears aimed at controlling costs by, first, continually seeking rescissions and deferrals of current authority to spend and, second, changing the law to increase spending in the "non-Federal sector"—by individuals and state and local governments. The Administration probably won't get legislative changes for increased cost-sharing for the elderly under Medicare and higher contributions from states for Medicaid expenses. Administration pressure on the non-financing health programs is likely to remain constant, and the possibility grows that Congress will have to change budget legislation to gain even more control over actual spending. □

Accountability Theme, Florida Site Highlight Annual Forum, March 17-19

THE 1975 NATIONAL HEALTH FORUM, to be held at the Dutch Inn Hotel, Lake Buena Vista, Florida, March 17-19, will have as its theme, "The Time for Responsibility and Accountability in the Health Field—Public Expectations in Today's Economic Climate."

The theme for the twenty-third in the NHC annual forum series "is a timely and appropriate attempt to address both current, major, health policy issues, as well as the urgent need to improve public confidence in our institutions," according to COUNCIL President Robert C. Long, M.D.

As in the past, the invitation-only National Health Forum is designed to provide leaders in the health field with opportunities to exchange information and experience, discuss critical problems and explore action alternatives.

Scheduled guest speakers are Vice President Nelson A. Rockefeller; Rep. James F. Hastings (R-N.Y.), member of the House Subcommittee on Public Health and Environment; and Nathan J. Stark, vice chancellor and president, University Health Center, University of Pittsburgh.

The National Health Forum will be held immediately following the Fifty-fifth Annual Meeting of the National Health Council.

It also follows within three months of the Western Regional Health Forum in San Francisco, where, similarly, more than 250 leading health professionals and policy makers from thirteen western states considered the broad topic of "Making the Health Care System More Accountable."

Meeting at the Hotel Sheraton-Palace, participants at the three-day Western Regional Health Forum debated the specific areas of planning systems, cost containment, quality assurance and manpower distribution.

Former Representative William R. Roy, M.D., member of the House Subcommittee on Public Health and Environment and a principal force behind national health legislation, delivered the keynote address.

The Western Regional Health Forum also followed within three months a similar regional meeting in Atlanta. The Southern Regional Health Forum, which attracted approximately 125 health leaders from thirteen southern states, weighed various aspects for improving health care for the children and adolescent population in the United States. U.S. Senator Herman E. Talmadge of Georgia served as the keynote speaker for the Atlanta forum.

Created by the NHC Board of Directors to allow additional debate on issues raised at the national forums, the southern and western meetings represent the first forums sponsored by the COUNCIL on a regional basis. They are designed primarily for state and local health policy makers from specific sections of the country.

Proceedings from the NHC forum series are published and receive widespread distribution to public and private health organizations as well as the federal government. □

Washington Office Opens; Board Approves Committee

Conceived as a result of reorganization, COUNCIL goals calling for establishment of "a channel of communications to and from government" and "exploration of public issues" came closer to reality in recent months with official opening of an NHC Washington office, formation of a committee on government relations and subsequent approval by the committee of a government relations program.

(The Council's address in the nation's capital is 919 18th Street, N.W., Washington, D.C. 20006; 202-785-3913.)

Formation of the government relations committee received the approval of the NHC Board of Directors on October 2. Accordingly, COUNCIL President Robert C. Long, M.D., named Charles T. Lanigan, vice president of Metropolitan Life Insurance Company, as chairman of the ten-member advisory group.

Committee appointments include Mary Lou Andersen, NHC vice president and member of the American Pharmaceutical Association; Dolph Chianchiano, chief of public policy and government affairs, American Heart Association; Paul Danaceau, consultant for the Drug Abuse Council; Paul M. Ellwood Jr., M.D., president of Interstudy; John Iglehart, senior editor for the *National Journal Reports*; Dr. Robert J. Laut, vice president, federal employee program, Blue Cross Association; Sara E. Marshall, member-at-large of the NHC Board; Bert Seidman, director of the department of social security for the A.F.L./C.I.O.; and Karl D. Yordy, senior program officer, Institute of Medicine, National Academy of Sciences. □

project gains momentum

Continued from front page

Permanente Medical Group; Carol N. D'Onofrio, Dr.P.H., assistant professor of public health, University of California at Berkeley; Herbert K. Gatzke, director of the bureau of manpower and education, American Hospital Association; Evalyn Gendel, M.D., director of the bureau of maternal and child health, Kansas State Department of Health.

Also, Lawrence W. Green, Dr.P.H., head of the division of health education, Johns Hopkins School of Hygiene and Public Health; Marian V. Hamburg, Ed.D., director of health education at New York University; Eunice Hankins, director of program planning and community development, department of health services, San Gabriel Valley Region; Gerald Kurtz, manager of corporate communications, Eli Lilly and Company; Seymour Lieberman, Ph.D., president of Lieberman Research Inc.; Roy L. Lindahl, D.D.S., director of the office of continuing education, University of North Carolina School of Dentistry; A. Helen Martikainen, Dr.Sc., former chief of health education, World Health Organization; Eva M. Reese, executive director of the Visiting Nurse Society of New York; Sheldon W. Samuels, director of health, safety and environment, A.F.L.-C.I.O.; Harry Schwartz, visiting professor of medical economics, College of Physicians and Surgeons, Columbia University; Earl Ubell, Ph.D., director of television news, WNBC-TV; D. Douglas Waterstreet, associate director of the National Association for Mental Health, Inc.; Wallace Ann Wesley, Hs.D., director of health education, American Medical Association.

Involvement and input are continuous, although not exclusive activities of the committee. In fact, the project is designed to encourage maximum participation by all interested organizations and individuals.

In view of this, more than seventy opinion leaders, representing the wide range of current and potential participants in health education of the public, joined in a two-day conference in December to identify the functions which should be performed by a national center for health education.

Reactions to the ideas generated at the functions conference are currently being solicited from approximately 1,000 organizations and individuals by means of a questionnaire. The four-page inquiry form also requests additional input, specifically suggestions for the most appropriate lines of initial development for a national health education center.

At the same time, three small study groups on structure, resource and financing, respectively, are exploring in detail the alternative approaches to these aspects of the center's design.

Results of both the survey and the study group effort will become part of a strategy outline for the center's establishment. Nielsen and Ms. Simmons will submit the strategy outline to the NHC membership at the Annual Meeting, March 17.

Despite the time and amount of work remaining, the policy committee expressed confidence at its third meeting, January 30-31, in San Diego, that the project would be completed by June 1. □

Council program activities

Continued from front page

Highlighting new public affairs activities during 1975 will be a special report to the nation. The magazine-format publication will describe the collective efforts of the private sector toward improving the health of Americans. A collaborative effort involving input from all of the COUNCIL's constituent agencies, it will describe activities and accomplishments of the NHC membership. It is scheduled for completion in the fall.

Convening both a committee of advisers as well as a forum of public affairs professionals representing constituent organizations are among other activities new to the membership. Nevertheless, the major portion of the COUNCIL's public affairs effort during 1975 will be in the form of expanded programs and services, among them the design and production of more than twenty-five publications of varying sizes.

New offerings in the area of continuing education will include developing new, innovative continuing education courses to be given by groups other than universities, conducting a feasibility study for NHC co-sponsorship of an interdisciplinary master's degree in voluntary health agency administration, and establishing a clearinghouse for the collection and dissemination of information concerning continuing education courses of interest to membership.

New manpower services will include an assessment of the health manpower activities among and between member agencies, review and appraisal of health manpower programs and policies of the private and public health sectors, and preparation and dissemination of health careers information materials, all under the direction of the COUNCIL's new Manpower Committee.

Expanded services to members in 1975, in addition to the increase in communications, will include a membership eligibility review, membership expansion, assessment of the continuing education needs of member organizations, as well as efforts in the areas of consumer concerns and executive policy development.

Direct service programs to be continued will be annual membership certification and consultation, professional associations criteria revision, inter-agency services development, continuing education courses information dissemination, board and officers services, and staff support in connection with selected standing and special committee meetings.

Other activities, albeit of indirect service to the NHC constituency, include planning and conducting a regional health forum in the Midwest, implementation of a multifaceted press relations endeavor, formation of a resource file on publications prepared by the NHC and other organizations on consumer programs and activities in the private and public sector of health. □

NHC Handles Mail For Television Health Series

The COUNCIL is serving as a national clearinghouse for mail inquiries prompted by "Feeling Good", the weekly health education TV program produced by the Children's Television Workshop and aired on the Public Broadcasting Service.

CTW suspended production of "Feeling Good" on January 29 in order to revise the program's format. Reportedly, since its premiere in November, the program's impact on the public had been disappointing. In an effort to stimulate more interest, CTW plans to alter substantially its health education-thru-entertainment approach, and to reduce the length of each show from sixty minutes to a half hour. "Feeling Good" will return to the air on April 2.

Through a cooperative arrangement with CTW, the COUNCIL acts as a referral agency, screening and directing written inquiries prompted by the series to appropriate health organizations. □